

<i>SERFF Tracking Number:</i>	<i>PLIS-126027253</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Starr Indemnity & Liability Company</i>	<i>State Tracking Number:</i>	<i>41504</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>group AD&D</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Starr Indemnity & Liability Company

Product Name: group AD&D

TOI: H02G Group Health - Accident Only

Sub-TOI: H02G.000 Health - Accident Only

Filing Type: Form

SERFF Tr Num: PLIS-126027253

SERFF Status: Closed

Co Tr Num:

Co Status:

Author: John Plisky

Date Submitted: 02/09/2009

State: ArkansasLH

State Tr Num: 41504

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 02/12/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/12/2009

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Exempt in Texas.

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Association

Explanation for Other Group Market Type:

State Status Changed: 02/12/2009

Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

Please see attached cover letter.

Company and Contact

Filing Contact Information

(This filing was made by a third party - pliskypliskyandcollc)

John Plisky, Consultant

j.plisky@verizon.net

SERFF Tracking Number: PLIS-126027253 State: Arkansas
Filing Company: Starr Indemnity & Liability Company State Tracking Number: 41504
Company Tracking Number:
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: group AD&D
Project Name/Number: /

Plisky Plisky & Co. LLC (732) 223-0770 [Phone]
Brielle, NJ 08730 (732) 223-1776[FAX]

Filing Company Information

Starr Indemnity & Liability Company CoCode: 38318 State of Domicile: Texas
Administraive Office: Group Code: Company Type:
90 Park Avenue, 7th Floor
New York, NY 10016 Group Name: State ID Number:
(646) 227-6342 ext. [Phone] FEIN Number: 75-1670124

SERFF Tracking Number: PLIS-126027253 State: Arkansas
Filing Company: Starr Indemnity & Liability Company State Tracking Number: 41504
Company Tracking Number:
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: group AD&D
Project Name/Number: /

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50 for policy and ancillary forms.
Same as retaliatory for TX.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Starr Indemnity & Liability Company	\$50.00	02/09/2009	25586204

SERFF Tracking Number:	PLIS-126027253	State:	Arkansas
Filing Company:	Starr Indemnity & Liability Company	State Tracking Number:	41504
Company Tracking Number:			
TOI:	H02G Group Health - Accident Only	Sub-TOI:	H02G.000 Health - Accident Only
Product Name:	group AD&D		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/12/2009	02/12/2009

<i>SERFF Tracking Number:</i>	<i>PLIS-126027253</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Starr Indemnity & Liability Company</i>	<i>State Tracking Number:</i>	<i>41504</i>
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<i>Product Name:</i>	<i>group AD&D</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 02/12/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *PLIS-126027253* State: *Arkansas*
Filing Company: *Starr Indemnity & Liability Company* State Tracking Number: *41504*
Company Tracking Number:
TOI: *H02G Group Health - Accident Only* Sub-TOI: *H02G.000 Health - Accident Only*
Product Name: *group AD&D*
Project Name/Number: */*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	List of Forms	Approved-Closed	Yes
Supporting Document	Expl. of Variables	Approved-Closed	Yes
Supporting Document	Authorization	Approved-Closed	Yes
Form	Policy	Approved-Closed	Yes
Form	Certificate	Approved-Closed	Yes
Form	Master Application	Approved-Closed	Yes
Form	Admin Change Rider	Approved-Closed	Yes
Form	Enrollment Form	Approved-Closed	Yes
Form	War Risk Coverage Rider	Approved-Closed	Yes
Form	Arkansas Endorsement	Approved-Closed	Yes

SERFF Tracking Number: PLIS-126027253 State: Arkansas

Filing Company: Starr Indemnity & Liability Company State Tracking Number: 41504

Company Tracking Number:

TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only

Product Name: group AD&D

Project Name/Number: /

Form Schedule

Lead Form Number: AH-40001

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	AH-40001	Policy/Cont	Policy	Initial			AH-40001 Policy.pdf
Approved-Closed	AH-40001C	Certificate	Certificate	Initial			AH-40001C Certificate.pdf
Approved-Closed	AH-40003-AR	Application/ Master Enrollment Form	Application	Initial			AH-40003-AR Master Application.pdf
Approved-Closed	AH-40004	Policy/Cont Admin Change Rider	Initial				AH-40004 Admin Rider.pdf
Approved-Closed	AH-40007-AR	Application/ Enrollment Form	Initial				AH-40007-AR Enrollment.pdf
Approved-Closed	AH-40014	Policy/Cont War Risk Coverage Rider	Initial				AH-40014 War Risk Rider.pdf
Approved-	AH-40010-	Policy/Cont Arkansas	Initial				AH-40010-AR

SERFF Tracking Number:	PLIS-126027253	State:	Arkansas
Filing Company:	Starr Indemnity & Liability Company	State Tracking Number:	41504
Company Tracking Number:			
TOI:	H02G Group Health - Accident Only	Sub-TOI:	H02G.000 Health - Accident Only
Product Name:	group AD&D		
Project Name/Number:	/		
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[logo] Starr Indemnity & Liability Company

Dallas, Texas

Administrative Office: [90 Park Avenue, 7th Floor, New York, New York 10016]

GROUP ACCIDENT-ONLY INSURANCE POLICY

Name of Policyholder: [ABC POLICYHOLDER]

Policy Number:
[XXXXXX]

Policy Effective Date:
[January 1, 2009]

Anniversary Dates:
[January 1 of each year beginning in 2010]

Premium Due Dates:
[Monthly, on the first day of each policy month]

This Policy is a legal contract between the Policyholder and Starr Indemnity & Liability Company (herein referenced as "the Company"). The Company agrees to provide insurance to the Policyholder in exchange for the payment of the required premium. Coverage is subject to the terms and conditions described in this Policy.

This Policy and the coverage provided by it become effective at 12:01 A.M. Standard Time at the address of the Policyholder on the Policy Effective Date shown above. It continues in effect in accordance with the provisions set forth in this Policy. This Policy is governed by the laws of the state where it is delivered.

Signed for Starr Indemnity & Liability Company By:



[Richard N. Shaak], President



[Honora M. Keane], General Counsel

TEN DAY RIGHT TO EXAMINE POLICY

The Company urges you to examine this Policy closely. If you are not satisfied with it, you may send it back to the Company for any reason within 10 days after the date you receive it. If so returned, your insurance will be canceled, and any premium paid will be refunded in full.

Countersigned by.....
[Licensed Resident Agent or] Registrar

Table of Contents

Section 1: Premiums

Section 2: Policy Provisions

Section 3: Incorporation Provision

Section 1: Premiums

Initial Monthly Premium Rates

The first premium is due and payable on the effective date of the Policy. Subject to the Policy's grace period provision, all premiums after the first premium payment must be paid when or before they are due.

Grace Period

The Company will allow the Policyholder a 31 day grace period for the payment of all premiums after the first premium payment. During this 31 day period, the Policy will stay in force. If the owed premium is not paid by the 31st day, the Policy will automatically terminate. If the Policyholder gives the Company written advance notice of an earlier cancellation date, the Policy will terminate on the earlier date. Premium is due for each day the Policy is in force.

[Monthly Premium Rate Guarantee

Initial Monthly Premium rates are guaranteed as follows:

Benefit	Rate Guarantee Period
Basic Accidental Death, Dismemberment and Loss of Sight Insurance	[6-24] months
[Supplemental Accidental Death, Dismemberment and Loss of Sight Insurance	[6-24] months]
[Spouse Accidental Death, Dismemberment and Loss of Sight Insurance	[6-24] months]
[Supplemental Spouse Accidental Death, Dismemberment and Loss of Sight Insurance	[6-24] months]

The Rate Guarantee supersedes only those provisions appearing elsewhere in the Policy which give the Company the right to change the premium rates, and then, only for the period of time for which the rates are guaranteed. However, the Company may change the premium rates during the Rate Guarantee period if there is a [10%] change in the Policy, or if there is an increase or decrease in the number of insured employees, or if the Policyholder adds or deletes a subsidiary or affiliated business entity. The Company may also change the premium rates during the Guarantee Period if there has been a material misstatement in the reported experience during the pre-sale process. The Rate Guarantee in no way affects, amends or supersedes any other provision in the Policy.]

[Subject to the Rate Guarantee period shown above,] the Company has the right to change premium rates on any premium due date if:

- 1) written notice is delivered to the Policyholder's last address on record; and
- 2) the change is effective at least 45 days after the date of notice.

Calculation

Premiums may be calculated by multiplying the rate times the applicable number of units of coverage. Premiums may be calculated by any other method which both the Company and the Policyholder agree to in writing.

If any insurance is added, increased or becomes effective after the Policy is in force, the premium charges will begin on:

- 1) the day the coverage is effective, if it is also the first day of a policy month; or
- 2) the first day of the next policy month.

For insurance which is terminated, premium charges will stop as of the first day of the next policy month.

Premium Payments

Premium payments are due and payable in full to a place designated by the Company or, with respect to the initial premium payment, premium payments may be made to an authorized agent of the Company.

Section 2: Policy Provisions

Entire Contract

The contract between the parties consists of:

- 1) the Policy;
- 2) any Certificates incorporated and made a part of the Policy;
- 3) any Riders issued in connection with such Certificates;
- 4) the Policyholder's application, a copy of which is attached to and made a part of the Policy when issued.

All statements made by the Policyholder or persons insured under the Policy will be deemed representations and not warranties. No statements made to affect this insurance will be used in any contest unless it is in writing and a copy of it is given to the person who made it, or to his or her beneficiary or representative.

Incontestability

Except for non-payment of premium, the insurance provided by the Policy cannot be contested after such insurance has been in effect for a period of 2 years.

Changes

The Company reserves the right to make changes in the Policy, after the Policy has been in force for [3-12] months. The Company will give the Policyholder 45 days advance written notice of any change. No agent has authority to change or waive any part of the Policy. To be valid, any change or waiver must be in writing, approved by one of the Company's officers and made a part of the Policy.

Clerical Error

Clerical error (whether by the Policyholder, the Plan Administrator, or the Company) in keeping the records having to do with the Policy, or delays in making entries on the records, will not void the insurance of any person if that insurance would otherwise have been in effect. A clerical error will not extend the insurance of any person if that insurance would otherwise have ended or been reduced as provided by the Policy. When a clerical error is found, premiums and benefits will be adjusted based on the true facts and the Policy.

Conformity with Law

If any provision of the Policy is contrary to state law, such provision is hereby amended to conform to the minimum requirements under state law for residents insured under the Policy. If any change to state or federal law, including but not limited to the Federal Social Security Act, affects the Company's liability under the Policy, The Company may change the Policy, the premiums, or both. Such change:

- 1) will be effective as of the date of the change to the state or federal law; and
- 2) will not be made until the Company gives the Policyholder 45 days notice.

Termination of Policy

The Company may terminate the Policy for the following reasons by giving the Policyholder 45 days written notice:

- 1) The Policyholder fails to furnish any information which the Company may reasonably require;
- 2) The Policyholder fails to perform any of its other obligations pertaining to this Policy;
- 3) [Less than 100% of the persons eligible for coverage on a Non-contributory Basis are insured;]
- 4) [Less than 75% of the persons eligible for coverage on a Contributory Basis are insured.]
- 5) [Fewer than 10 persons are insured.]

In addition, the Company may terminate this Policy on any premium due date after the Policy has been in force for [12-24] months by providing 45 days written notice.

Termination will be without prejudice to any claim which commenced prior to the effective date of the termination.

Cancellation

The Policy may be cancelled by written notice mailed or delivered by the Policyholder to the Company. It becomes effective on the later of:

- 1) the date the Company receives the notice; or
- 2) the date stated in the notice.

In either event:

- 1) The Company will promptly return to the Policyholder any unearned premium; or
- 2) The Policyholder will promptly pay any earned premium which has not been paid.

Any earned or unearned premium will be determined on a pro rata basis. Cancellation will be without prejudice to any claim which commenced prior to the effective date of the cancellation.

Certificates

The Company will give individual certificates to:

- 1) The Policyholder; or
- 2) Any other person according to a mutual agreement among the other person, the Policyholder, and the Company; for delivery to persons covered under the Policy and which will explain the important features of the Policy.

Data To Be Furnished

The Policyholder, or any other person designated by the Policyholder, will give the Company all information the Company needs regarding matters pertaining to the insurance. At any reasonable time while the Policy is in force and for [12-24] months after that, the Company may inspect any of the Policyholder's documents, books, or records which may affect the insurance or premiums of this Policy.

The Policyholder will, upon the Company's request, give the Company:

- 1) the names of all persons initially eligible for coverage;
- 2) the names of all additional persons who become eligible for coverage;
- 3) the names of all persons whose amount of insurance is to be changed
- 4) the names of all persons whose eligibility or insurance is terminated; and
- 5) any data necessary to administer the insurance provided by the Policy.

If the Policyholder gives the Company any incorrect information, the relevant facts will be determined to establish if insurance is in effect and in what amount.

No person will be deprived of insurance to which he is otherwise entitled or have insurance to which he is not entitled, because of any misstatement of fact by the Policyholder. Any required adjustment may be made in premiums or benefits.

Right to Audit

The Company reserves the right to audit, once every [1-2] years the Policyholder's billing records and premium accounting practices. If the Company discovers:

- 1) an underpayment of premium by the Policyholder, the Policyholder will be obligated to remit, in a timely manner, the underpayment amount; or
- 2) an overpayment of premium, the Company will return any overpayment amount in a timely manner; for the previous [1-2] year period.

Not in Lieu of Worker's Compensation

This Policy does not satisfy any requirement for worker's compensation insurance.

Time Period

All periods begin and end at 12:01 A.M., Standard Time, at the Policyholder's address.

Section 3: Incorporation Provision

The Certificate(s) of Insurance and any Riders listed below are attached to, incorporated in, and made a part of, this Policy.

<u>Certificate of Insurance</u> [Form #	<u>Applicable to:</u> All Eligible Persons	<u>Effective Date of Incorporation</u> January 1, 2009	<u>Termination Date</u> January 1, 2010]
<u>Endorsement(s)/Rider(s)</u> [Form #	<u>Applicable to:</u> All Eligible Persons	<u>Effective Date of Incorporation</u> January 1, 2009	<u>Termination Date</u> January 1, 2010]

[logo] Starr Indemnity & Liability Company

Dallas, Texas

Administrative Office: [90 Park Avenue, 7th Floor, New York, New York 10016]

GROUP ACCIDENT-ONLY CERTIFICATE OF INSURANCE

Policyholder: [ABC Policyholder]

Policy Number: [XXXXXXXX]

Policy Effective Date: [January 1, 2009]

Policy Anniversary Date: [January 1 of each year beginning in 2010]

Certificate Effective Date: [January 1, 2009]

We have issued the Policy to the Policyholder. Our name, the Policyholder's name and the Policy Number are shown above. The provisions of the Policy, which are important to You, are summarized in this Certificate ("Certificate") consisting of this form and any additional forms which have been made a part of this Certificate. This Certificate replaces any other Certificate We may have given to You earlier under the Policy. The Policy alone is the only contract under which payment will be made. The Policy may be inspected at the office of the Policyholder.

Signed for Starr Indemnity & Liability Company By:



[Richard N. Shaak], President



[Honora M. Keane], General Counsel

READ YOUR CERTIFICATE CAREFULLY

30 DAY RIGHT TO EXAMINE CERTIFICATE: You have a 30 day right from your original Certificate Effective Date to examine Your certificate. If You are not satisfied, You may return it to Us within 30 days of Your original Certificate Effective Date. In that event, We will consider it void from its Effective Date and any premium paid will be refunded. Any claims paid under the Policy during the initial 30 day period will be deducted from the refund.

A note on capitalization in this Certificate:

Capitalization of a term, not normally capitalized according to the rules of standard punctuation, indicates a word or phrase that is a term defined herein or refers to a specific provision contained herein.

Table of Contents

Section 1: Schedule of Insurance

Section 2: Definitions

Section 3: Eligibility and Enrollment

Section 4: Period of Coverage

Section 5: Benefits

Section 6: Exclusions

Section 7: General Provisions

SECTION 1: SCHEDULE OF INSURANCE

[Explanation of Variables Note: Each bracketed benefit or provision will be in-or-out (in if needed, otherwise omitted.) Each bracketed phrase will be in-or-out. Language concerning Non-Contributory Coverage and Contributory Coverage will be in-or-out. Language concerning Dependents will be included if Dependent coverage is included, otherwise omitted. Eligible Persons and Classes will be as defined by the Policyholder. Bracketed numeric ranges shown are the actual ranges to be used.]

Eligible Persons: [All Active Employees] [Retirees] [Active Members] [and their Dependents] who are citizens or residents of the United States, its territories and protectorates, excluding temporary, leased or seasonal employees.

Class 1 [Active Employees working at least [15-30] hours weekly] [Active Members]

[Note: This minimum number of hours will never be less than required by state law.]

[Class 2 [Retirees]]

[Class 3 [Dependents]]

Annual Enrollment Period: [January 1 through January 31] of each year as determined by the Policyholder.

Policy Age Limit: You: [None][70 years of age]
Spouse: [65-70] years of age

[NON-]CONTRIBUTORY COVERAGE:

[Accidental Death Benefit]

[Accidental Death [and Dismemberment] Benefit [with Double Indemnity][with an Increased Benefit]

While On a Common Carrier

Common Carrier Limit: [\$10,000-\$1,000,000]]

[Accidental Death While Actively at Work Benefit]

[Accidental Death Motor Vehicle and Pedestrian Benefit]

[Accidental Death Covered Accident Benefit]

[Accidental Death and Dismemberment Benefit]

[Accidental Death [and Dismemberment] While On a Scheduled Aircraft, Military Transport Aircraft and Common Carrier Benefit]

[Accidental Death [and Dismemberment] While On a Scheduled Aircraft or Military Transport Aircraft Benefit]

[Accidental Death and Dismemberment While On a Covered Trip Benefit]

[Accidental Death and Dismemberment While Actively at Work Benefit]

Principal Sum: [\$10,000-\$1,000,000]

[Accidental Death [and Dismemberment] Reduction on and after Age 70: We will reduce Your Principal Sum on the Premium Due Date on or next following the date You attain ages 70, 75, 80, and 85. The reduced amount will be determined by multiplying the Principal Sum shown in the Enrollment Form on file with the Policyholder by the percentage shown below for Your attained age:

Your Age	Percentage of Principal Sum
Age 70-74	65%
Age 75-79	45%
Age 80-84	30%
Age 85 or over	15%

These reductions also apply if:

- 1) You become covered under the Policy; or
- 2) Your coverage increases;

On or after the date You attain age 70.]

[Principal Sum for each of Your Dependents:

The Principal Sum that applies to each person covered under the Policy as Your Dependent, on the date of accident, is determined by multiplying Your Principal Sum by the percentage determined below.

	Spouse	Each Dependent Child
Spouse only	[50-75]%	0%
Spouse and Dependent Child(ren)	[50-75]	[10-30]%
Dependent Chil(dren) only	0%	[10-30]%]

[Additional Benefits:]

[Common Carrier Benefit

[Common Carrier] Principal Sum:

[\$10,000-\$1,000,000]

Common Carrier Limit:

[\$10,000-\$1,000,000]]

[Exposure and Disappearance

See Benefit]

[Seat Belt [and Air Bag] Benefit

Seat Belt Benefit Percentage:

[5%-25%] of Principal Sum

Seat Belt Benefit

[\$5,000-\$100,000]

[Air Bag Benefit Percentage:

[5%-25%] of Principal Sum

Air Bag Benefit

[\$5,000-\$100,000]]]

[Anti-Inflation Benefit

Benefit Percentage:

[2%-20%] of original Principal Sum

Maximum Benefit Amount:

[20%-100%] of original Principal Sum]

[Repatriation Benefit

Benefit Percentage:

[5%-25%] of Principal Sum

Maximum Benefit Amount:

[\$5,000-\$100,000]]

[Felonious Assault Benefit

Benefit Percentage:

[5%-25%] of Principal Sum

Maximum Benefit Amount:

[\$5,000-\$100,000]]

[Child Education Benefit

Benefit Percentage:

[5%-25%] of Principal Sum

Maximum Benefit Amount:

[\$5,000-\$100,000]

Minimum Benefit Amount:

[\$2,500-\$50,000]]

[Day Care Benefit]

Benefit Percentage: [5%-25%] of Principal Sum
Maximum Benefit Amount: [\$5,000-\$100,000]
Minimum Benefit Amount: [\$2,500-\$50,000]]

[Rehabilitation Benefit]

Benefit Percentage: [5%-25%] of Principal Sum
Maximum Benefit Amount: [\$5,000-\$100,000]]

[Spouse Education Benefit]

Benefit Percentage: [5%-25%] of Principal Sum
Maximum Benefit Amount: [\$5,000-\$100,000]
Minimum Benefit Amount: [\$2,500-\$50,000]]

[Adaptive Home and Vehicle Benefit]

Benefit Percentage: [5%-25%] of Principal Sum
Maximum Benefit Amount: [\$5,000-\$100,000]]

[Coma Benefit]

Waiting Period: [1-60] days
Maximum Benefit Amount: [\$5,000-\$100,000]]

[Critical Burn Benefit]

Benefit Percentage: [5%-25%] of Principal Sum
Maximum Benefit Amount: [\$5,000-\$100,000]]

[Therapeutic Counseling Benefit]

Benefit Percentage: [5%-25%] of Principal Sum
Maximum Benefit Amount: [\$5,000-\$100,000]]

[Accident Hospital Income Benefit [Covered Accident]]

Waiting Period: [1-30] days
[Retroactive]
Daily Benefit: [\$100-\$750] per day
Payment Period: [3-12] months]]

[Intensive Care Unit Benefit]

Benefit Amount: [\$100-\$1,000] per day
Maximum Benefit Period: [1-60] days]

[Outpatient Care Benefit]

Benefit Amount: [\$100-\$5,000]

[Recuperation Benefit]

Benefit Amount: [\$100-\$1,000] per day
Maximum Benefit Period: [1-60] days]

[Continuation of Medical Coverage (COBRA) Benefit]

Benefit Percentage: [5%-25%] of Principal Sum
Maximum Benefit Amount: [\$5,000-\$50,000]
Minimum Benefit Amount: [\$2,500-\$10,000]]

[Extended Dependents Coverage Benefit]

See Benefit]

[Extended Care Facility Benefit]

Benefit Percentage:	[5%-75%] of Principal Sum]
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[Common Disaster Benefit]

Common Disaster Limit:	[\$10,000-\$1,000,000]]
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[Survivor Income Benefit]

Monthly Benefit Amount:	[5%-25%] of Principal Sum
Payment Period:	[6-120] months]

[HIV Occupational Accident Benefit]

Benefit Amount:	[\$5,000-\$1,000,000]]
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[Dependent Child Dismemberment Benefit]

See Benefit]

[Funeral Expense Benefit]

Benefit Percentage:	[5%-25%] of Principal Sum
Maximum Benefit Amount:	[\$5,000-\$20,000]]

[Permanent Total Disability Benefit]

Disability Commencement Period:	[90-365] days after accident
Qualification Period:	[1-13] weeks
Weekly Benefit Amount:	[\$100-\$2,000] per week
Payment Period:	[13-156] weeks]

[Catastrophic Loss of Use Benefit]

See Benefit]

[Traumatic Brain Injury Benefit]

See Benefit]

[Bereavement Counseling Benefit]

Maximum Benefit Amount:	[\$5,000-\$20,000]]
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[Accelerated Benefit]

See Benefit]

[Accident Total Disability Benefit]

Monthly Benefit Amount:	[\$1,000-\$10,000] per month
Waiting Period:	[1-6] months
Maximum Payment Period:	[3-120] months]

[Paralysis Benefit]

See Benefit]

[Aggregate Limitation: [\$1,000,000-\$10,000,000] per accident

If the total of all benefits payable for all covered persons per accident, in the absence of this provision exceeds the above amount, each benefit amount will be proportionately reduced so that the total will equal the above amount.]

[If both Non-Contributory and Contributory Coverage are included, the above list of benefits will be labeled Non-Contributory and then the benefits applicable to the Contributory Coverage will be listed below.]

[CONTRIBUTORY COVERAGE:]

SECTION 2: DEFINITIONS

[Explanation of Variables Note: Each bracketed Definition will be in-or-out (in if needed, otherwise omitted.) If there is more than one possible Definition shown for a term, one will be in and the other omitted. Each bracketed phrase will be in-or-out. Language concerning Dependents will be included if Dependent coverage is included, otherwise omitted. Bracketed numeric ranges shown are the actual ranges to be used.]

[Active Employee] means an employee who works for the Employer on a regular basis in the usual course of the Employer's business. This must be at least the number of hours shown in the Schedule of Insurance.] *[Note: This minimum number of hours will never be less than required by state law.]*

[Active Member] means a member in good standing according to the rules of the Policyholder.]

[Actively at Work] means at work with your Employer on a day that is one of Your Employer's scheduled workdays. On that day, you must be performing for wage or profit all of the regular duties of Your job:

- 1) in the usual way; and
- 2) for Your usual number of hours.

We will also consider You to be Actively at Work on any regularly scheduled vacation day, paid time off day, personal day or holiday, only if You were Actively At Work on the preceding scheduled work day.

Paid time off and personal days do not include days off taken for Sickness or Injury.]

[Actively at Work] means You are performing all the regular duties of an occupation (at least 20 hours per week) or at least 260 hours on an average basis per calendar quarter at Your customary place of employment or in the usual way.]

[Airworthiness Certificate] means:

- 1) the standard Airworthiness Certificate issued by the United States Federal Aviation Administration (FAA); or
- 2) a foreign equivalent issued by the governmental authority with jurisdiction over civil aviation in the country of its registry.]

[Business Trip] means a bona fide trip while on assignment for or at the direction of the Policyholder for the purpose of furthering the business of the Policyholder which:

- 1) begins when You leave Your residence or place of regular employment, whichever occurs last, for the purpose of beginning the trip; and
- 2) ends when You arrive at Your residence or place of regular employment, whichever occurs first; and
- 3) excludes travel to and from work, bona fide leaves of absence and vacations.]

[Civil or Public Aircraft] means a civil or public aircraft which:

- 1) has a current and valid Airworthiness Certificate;
- 2) is piloted by a person who has a valid and current certificate of competency of a rating which authorizes him or her to pilot the aircraft; and
- 3) is not operated by the militia, or armed forces of any state, national government or international authority.]

[Common Carrier] means a conveyance operated by a concern, other than the Policyholder, organized and licensed for the transportation of passengers for hire and operated by that concern.]

[Contributory Coverage]	means coverage for which You are required to contribute toward the cost. Contributory Coverage is shown in the Schedule of Insurance.]
[Covered Accident]	<p>Means one of the following types of accidents:</p> <p>[Type A: On a Common Carrier: must occur while You [or Your Dependents] are a fare paying passenger on a common carrier;]</p> <p>[Type B: Interstate Highway Motor Vehicle Accident: must occur while You [or Your Dependents] are the licensed operator of or passenger On a Motor Vehicle only while on an Interstate Highway;]</p> <p>[Type C: Motor Vehicle/Pedestrian Accident: must occur while You [or Your Dependents] are a pedestrian or the licensed operator of or passenger On a Motor Vehicle;or]</p> <p>[Type D: All Other Accidents not listed as Type A, Type B, or Type C, above.]</p> <p>A Covered Accident will not cover Injury sustained while riding or driving in a scheduled race or testing any Motor Vehicle on tracks, speedways or proving grounds.]</p>
[Covered Trip]	<p>means a trip:</p> <ol style="list-style-type: none"> 1) while You [or Your Dependents] are riding On a Common Carrier as a passenger and not as a pilot, operator, crewmember; and 2) that begins with and ends at the places designated on the ticket purchased for the trip.] <p>Covered trip will also include travel On a Common Carrier, hotel or airport shuttle, directly to, from or at any Common Carrier terminal, which immediately:</p> <ol style="list-style-type: none"> 1) precedes a departure to; or 2) follows arrival at the destination designated on the ticket purchased for the Covered Trip.]
[Dependent Child(ren)]	<p>means:</p> <ol style="list-style-type: none"> 1) Your unmarried: children, newborn children, stepchildren, legally adopted children, children in the process of adoption, foster children; or 2) any other children related to You by blood or marriage or domestic partnership who live with You in a regular parent-child relationship; <p>provided such children are primarily dependent upon You for financial support and maintenance and are less than the Limiting Age of [23-27] years.</p> <p><i>[Note: The Limiting Age shall not be less than required by state law.]</i></p> <p>The Limiting Age shall not apply to Your unmarried child who is incapable of self-support due to a mental or physical incapacity. Proof of such incapacity must be furnished to Us upon enrollment or within 31 days of the child reaching the Limiting Age. Thereafter proof will be required whenever reasonably necessary, but not more than once a year after the two-year period following reaching the Limiting Age.]</p>
[Dependent(s)]	means Your Spouse and Dependent Child(ren). A dependent must be a citizen or legal resident of the United States, its territories or protectorates. Any person who is on active duty in military service cannot be a Dependent.]
[Employer]	means the Policyholder.]
[FAA]	<p>means:</p> <ol style="list-style-type: none"> 1) The Federal Aviation Administration of the United States; or 2) the equivalent aviation authority for the country of the aircraft's registry, if the governmental authority is recognized by the United States.]
[Hospital]	<p>means an institution which:</p> <ol style="list-style-type: none"> 1) operates pursuant to law;

- 2) primarily and continuously provides medical care and treatment to sick and injured persons on an inpatient basis;
- 3) operates facilities for medical and surgical diagnosis and treatment by or under the supervision of Physicians; and
- 4) provides 24-hour nursing service by or under the supervision of registered graduate nurses (R.N.).

Hospital does not mean any institution or part thereof which is used primarily as:

- 1) a nursing home, convalescent home, or skilled nursing facility;
- 2) a place of rest, custodial care, or for the aged;
- 3) a clinic; or
- 4) a place for the treatment of mental illness, alcoholism or substance abuse.

However, a place for the treatment of mental illness, alcoholism or substance abuse will be regarded as a Hospital if it is:

- 1) part of the institution that meets the above requirements; and
- 2) listed in the American Hospital Association Guide as a general Hospital.]

[Injury

means bodily injury resulting:

- 1) directly from an accident; and
- 2) independent of all other causes;

which occurs while You [or Your Dependents] are covered under the Policy.

Loss resulting from:

- 1) sickness or disease, except an infection which occurs through an accidental wound; or
- 2) medical or surgical treatment of a sickness or disease;

is not considered as resulting from injury.]

[Interstate Highway

means the paved portion (including adjacent shoulders, emergency bays, entrance and exit ramps) of a highway, expressway or toll way designated as an interstate highway and identified by the tri-colored "U.S. Interstate" shield.]

[Military Transport Aircraft

means a transport aircraft operated by:

- 1) the United States Air Mobility Command (AMC); or
- 2) a national military air transport service of a governmental authority recognized by the United States.]

[Motor Vehicle

means a self-propelled, four (4) or more wheeled:

- 1) private passenger car, station wagon, van or sport utility vehicle;
- 2) motor home or camper; or
- 3) pick-up truck

not being used as a Common Carrier.]

[Non-Contributory Coverage

means coverage for which You are not required to contribute toward the cost. Non-Contributory Coverage is shown in the Schedule of Insurance.]

[Normal Retirement Age] means the Social Security Normal Retirement Age under the most recent amendments to the United States Social Security Act. It is determined by your date of birth, as follows:

Year of Birth	Normal Retirement Age	Year of Birth	Normal Retirement Age
[1937 or before	65	1955	66 + 2 months
1938	65 + 2 months	1956	66 + 4 months
1939	65 + 4 months	1957	66 + 6 months
1940	65 + 6 months	1958	66 + 8 months
1941	65 + 8 months	1959	66 + 10 months
1942	65 + 10 months	1960 or after	67]
1943-1954	66		

[On] means, when used with reference to any conveyance (land, water or air), in or on, boarding or alighting from the conveyance.]

[Pedestrian] means You [or Your Dependents] while standing or walking on an open public street, public sidewalk, parking lot or highway.]

[Physician] means a person who is:

- 1) a doctor of medicine, osteopathy, psychology or other legally qualified practitioner of a healing art that We recognize or are required by law to recognize;
- 2) licensed to practice in the jurisdiction where care is being given;
- 3) practicing within the scope of that license; and
- 4) not Related to You by blood or marriage.]

[Prior Policy] means the group accidental death and dismemberment insurance policy carried by the Policyholder on the day before the Policy Effective Date.]

[Related] means Your Spouse or other adult living with You, sibling, parent, step-parent, grandparent, aunt, uncle, niece, nephew, son, daughter, or grandchild or similar relationship in law.]

[Retiree] means a former employee of the Employer:

- [1) whose age plus years of service equals at least [60-70];]
- [2) who has attained the Normal Retirement Age;]
- [3) who has completed at least [1-10] years of active full-time or part-time service with the Employer;]
- [4) who is participating in an Employer-sponsored pension plan;]
- [5) who retired from the Employer immediately after the last day as an Active Employee;]
- [6) who was on approved Waiver of Premium, immediately before retirement.]]

[Scheduled Aircraft] means a Civil or Public aircraft operated by a scheduled airline which:

- 1) is licensed by the FAA for the transportation of passengers for hire; and
- 2) publishes its flight schedule and fares for regular passenger service.]

[Spouse	<p>means Your spouse who:</p> <ol style="list-style-type: none"> 1) is under age [65-70]; 2) is not legally separated or divorced from You; and 3) is not in active duty military service <p>Spouse will include Your domestic partner or party to a civil union, provided You:</p> <ol style="list-style-type: none"> 1) have executed a domestic partner affidavit satisfactory to Us, establishing that You and Your partner are domestic partners or parties to a civil union for purposes of The Policy or; 2) have registered as domestic partners or parties to a civil union with a government agency or office where such registration is available and provide proof of such registration unless requiring proof is prohibited by law. <p>You will continue to be considered domestic partners or parties to a civil union provided You continue to meet the requirements described in the domestic partner affidavit or required by law.]</p>
Policy	means the policy which We issued to the Policyholder under the Policy Number shown on the face page of this Certificate.
We, Us, Our	means Starr Indemnity & Liability Company.
You or Your	means the insured [Active Employee][Active Member][Retiree] to whom this Certificate is issued.

SECTION 3: ELIGIBILITY AND ENROLLMENT

[Explanation of Variables Note: Each bracketed provision will be in-or-out (in if needed, otherwise omitted.) Each bracketed phrase will be in-or-out. Language concerning Dependents will be included if Dependent coverage is included, otherwise omitted. Bracketed numeric ranges shown are the actual ranges to be used.]

Eligible Persons: All persons in the class or classes shown in the Schedule of Insurance will be considered Eligible Persons.

Eligibility for Coverage: You will become eligible for coverage on the latest of:
1) the Policy Effective Date; or
3) the date You become a member of an eligible class.

[If You are a Retiree, You are eligible to enroll on the later of:
1) the date You meet the definition of Retiree; or
2) the Policy Effective Date.]

[Eligibility for Dependent Coverage: You will become eligible for Dependent coverage on the later of:
1) the date You become insured for coverage; or
2) the date You acquire Your first Dependent.

You may not elect coverage for Your Dependent if such Dependent is covered as an [Employee][Member] under the Policy. No person can be insured as a Dependent of more than one [Employee][Member] under the Policy.]

Enrollment: [For Non-Contributory Coverage, the Policyholder will automatically enroll You for Accidental Death [and Dismemberment] Insurance. However, You will be required to complete a Beneficiary designation form.]

[To enroll for Contributory Coverage, You must:
1) complete and sign a group insurance enrollment form for Your coverage [and Your Dependent's coverage]; and
2) deliver it to the Policyholder.

[You have the option to enroll by voice recording or electronically. the Policyholder will provide instructions.]

If You do not enroll for Your coverage, [and/or Your Dependent's coverage] within 31 days after becoming eligible under the Policy, [or if You were eligible to enroll under the Prior Policy and did not do so, and later choose to enroll,] You may only enroll for your coverage [and Your Dependent's coverage]:

- 1) during an Annual Enrollment Period designated by the Policyholder; or
- 2) within 31 days of the date You have a Change in Family Status.]

Change in Family Status: A Change in Family Status occurs when:
1) You get married or You execute a domestic partner affidavit;
2) You and Your spouse divorce or terminate a domestic partnership;
3) Your child is born or You adopt or become the legal guardian of a child;
4) Your spouse or domestic partner dies;
5) Your child is no longer financially dependent on You or dies;
6) Your spouse is no longer employed, which results in a loss of group insurance ; or
7) You have a change in classification from one class to another.

[Newlywed Coverage: If you marry while covered under the Policy, Your spouse shall automatically become covered under the Policy for 31 days from the date of marriage.

Benefits and amounts will be [the minimum amount for] those We are providing for Spouse coverage under the Policy at that time.

Coverage of Your Spouse will cease after 31 days of the date of marriage unless You:

- 1) request in writing that coverage for Your Spouse be continued; and
- 2) pay any additional required premium.

Newborn/New Child Coverage: If, while covered under the Policy, You:

- 1) have a newborn child; or
- 2) adopt or receive a foster or stepchild;

the child will become covered under the Policy for 31 days from the date of birth or the date of financial dependence on You. Benefits and amounts will be [the minimum amount for] those We are providing for Dependent Children under the Policy at that time.

Coverage of the new child will cease after 31 days of the date of birth or financial dependence unless You:

- 1) request in writing that coverage for Your child be continued; and
- 2) pay any additional required premium.]

SECTION 4: PERIOD OF COVERAGE

[Explanation of Variables Note: Each bracketed provision will be in-or-out (in if needed, otherwise omitted.) Each bracketed phrase will be in-or-out. Language concerning Dependents will be included if Dependent coverage is included, otherwise omitted. Bracketed numeric ranges shown are the actual ranges to be used.]

Effective Date: [Non-Contributory Coverage will start the date You become eligible.]

[Contributory Coverage will start on the latest to occur of:

- 1) the date You become eligible, if You enroll on or before that date; or
- 2) the first day of the month on or next following the last day of the Annual Enrollment Period, if You enroll during an Annual Enrollment Period; or
- 3) the date You enroll if You do so within 31 days of the date You are eligible.

[All Effective Dates of coverage are subject to the Deferred Effective Date provision.]

[Deferred Effective Date:

[With respect to Active [Employees][Members], if, on the date You are to become covered:

- 1) under the Policy; or
- 2) for increased benefits; or
- 3) for a new benefit;

You are not Actively at Work [due to a physical or mental condition,] such coverage will not start until the date You are Actively at Work.]

[With respect to Retirees, if, on the date You are to become covered:

- 1) under the Policy;
- 2) for increased benefits; or
- 3) for a new benefit;

You are:

- 1) confined in a hospital; or
- 2) Confined Elsewhere;

such coverage will not start until he or she:

1) is discharged from the hospital; or
2) is no longer Confined Elsewhere;
and You have engaged in all the normal and customary activities of a person of like age and gender, in good health, for at least 15 consecutive days.

Confined Elsewhere means You are unable to perform, unaided, the normal functions of daily living, or leave home or other places of residence without assistance.]]

**[Continuity
from a
Prior Policy:**

Your initial coverage under the Policy will begin, and will not be deferred if on the day before the Policy Effective Date, You were:

1) insured under the Prior Policy; and
2) Actively at Work or on an authorized family and medical leave;
but on the Policy Effective Date, You were not Actively at Work, but would otherwise meet the Eligibility requirements of the Policy. However, Your Amount of Insurance will be the lesser of the amount of Accidental Death [and Dismemberment] Principal Sum:

1) You had under the Prior Policy; or
2) shown in the Schedule of Insurance;
[reduced by any coverage amount:
1) that is in force, paid or payable under the Prior Policy; or
2) that would have been so payable under the Prior Policy had timely election been made.]

Such amount of insurance under this provision is subject to any reductions in the Policy and will not increase.

Coverage provided through this provision ends on the first to occur of:

- 1) the last day of a period of 12 consecutive months after the Policy Effective Date;
- 2) the date Your insurance terminates for any reason shown under the Termination provision;
- 3) the last day You would have been covered under the Prior Policy, had the Prior Policy not terminated; or
- 4) the date You are Actively at Work.

However, if the coverage provided through this provision ends because You are Actively at Work, You may be covered as an Active [Employee][Member] under the Policy.]

**[Dependent
Effective
Date:**

[Non-Contributory Coverage will start on the date You become eligible for Dependent coverage.]

[Contributory Coverage will start on the latest to occur of:

- 1) The date You become eligible for Dependent coverage, if You have enrolled the Dependent on or before that date; or
- 2) the first day of the month on or next following the last day of the Annual Enrollment Period, if You enroll the Dependent during an Annual Enrollment Period; or
- 3) the date You enroll the Dependent, if You do so within 31 days from the date they are eligible for Dependent coverage or due to a Change in Family Status.]

In no event will Dependent coverage become effective before You become insured.]

**[Dependent
Deferred
Effective Date:**

If, on the date Your Dependent other than a newborn, is to become covered:

- 1) under the Policy; or
- 2) for increased benefits; or
- 3) for a new benefit;

he or she is:

- 1) confined in a Hospital; or
- 2) Confined Elsewhere

such coverage will not start until he or she:

- 1) is discharged from the Hospital; or
- 2) is no longer Confined Elsewhere;

and has engaged in all the normal and customary activities of a person of like age and gender, in good health, for at least 15 consecutive days.

This Deferred Effective Date provision will not apply to disabled children who qualify under the definition of Dependent Children.

Confined Elsewhere means unable to perform, unaided, the normal functions of daily living, or leave home or other places of residence without assistance.]

**[Dependent
Continuity
from a Prior
Policy:**

If on the day before the Policy Effective Date, You were covered with respect to Your Dependents under the Prior Policy, the Deferred Effective Date provision will not apply to initial coverage under the Policy for such Dependents. However, the Dependent Amount of Insurance will be the lesser of the amount of the Accidental Death [and Dismemberment] Principal Sum:

- 1) they had under the Prior Policy; or
- 2) shown in the Schedule of Insurance;

[reduced by any coverage amount:

- 1) that is in force, paid or payable under the Prior Policy; or
- 2) that would have been so payable under the Prior Policy had timely election been made.]

**Change in
Coverage:**

After your initial enrollment You may increase or decrease coverage for You [or Your Dependents or add a new Dependent to Your existing Dependent coverage]:

- 1) during any Annual Enrollment Period designated by the Policyholder; or
- 2) within 31 days of the date of a Change in Family Status.

**Effective Date
for
Changes in
Coverage:**

Any decrease in coverage will take effect on the date of the change.

Any increase in coverage will take effect on the latest of:

- 1) the date of the change; [and
- 2) the date requirements of the Deferred Effective Date provision are met.]

Termination:

Coverage will end on the earliest to occur of:

- 1) the date the Policy terminates; or
- 2) the Premium Due Date on or next following the date You:
 - a) cease to be an Active [Employee][Member] of the Policyholder;
 - b) [attain the Policy Age Limit shown in the Schedule;]
- 3) the date You are no longer in a class eligible for coverage, or the class is cancelled; [or
- 4) the Premium Due Date that You fail to pay any required premium, subject to the Individual Grace Period, if coverage is Contributory.]

**[Individual
Grace Period:**

If coverage is Contributory, You will be allowed an Individual Grace Period of 31 days from the Premium Due Date for payment of each premium due after the initial premium. Your insurance will be continued during the Individual Grace Period.

The Individual Grace Period will not continue coverage beyond a date shown in the Termination provision that would otherwise terminate coverage.]

[Dependent

Coverage for Your Dependent ends on the earliest to occur of:

- Termination:**
- 1) the date the Policy terminates; or
 - 2) The Premium Due Date on or next following the date:
 - a) with respect to Your Dependent Child, he or she no longer meets the definition of Dependent Child;
 - b) with respect to Your Spouse, he or she no longer meets the definition of Spouse or attains [the Policy Age Limit shown in the Schedule of Insurance; or
 - c) the required premium is not paid, subject to the Individual Grace Period provision, if coverage is Contributory; or
 - 3) the date Your coverage ends.

[However, if Dependent coverage would terminate because of Your death, coverage will continue until the Premium Due Date on or next following Your death unless continued in accordance with the Spouse Continuation provision.]]

[Reinstatement: If Your coverage terminates after the expiration of the Individual Grace Period, You may reinstate Your coverage by sending a written request for reinstatement to Us within 90 days from the Premium Due Date. We will not provide coverage during the period after the expiration of the Individual Grace Period and prior to the date of receipt of the required premium.]

[Continuation Provisions: Coverage under the Policy may be continued beyond a date shown in the Termination provision, provided certain conditions are met, as shown below. Coverage may not be continued under more than one Continuation Provision. The amount of continued coverage applicable to You [or Your Dependents] will be the amount of coverage in effect on the date immediately before coverage would otherwise have ended. Continued coverage:

- 1) is subject to any reductions in the Policy;
- 2) is subject to payment of premium;
- 3) may be continued up to the maximum time shown in the provisions; and
- 4) terminates if:
 - a) the Policy terminates;
 - b) You attain age 70.]

In no event will the amount of insurance increase while coverage is continued in accordance with the following provisions.

In all other respects, the terms of Your coverage [and coverage for Your Dependents] remain unchanged.

[Leave of Absence: Of You are on a documented [medical] leave of absence, [other than Family or Medical Leave or Military Leave], Your coverage [(including Dependent Accidental Death [and Dismemberment] coverage)] may be continued for up to [12-52] weeks. If the leave ends prior to the agreed upon date, this continuation will cease immediately.]

[Military Leave of Absence: If You [or Your Dependent] enter active military service and are granted a military leave of absence, in writing, Your coverage [(including Dependent Accidental Death [and Dismemberment] coverage)] may be continued for up to [12-52] weeks. If the leave ends prior to the agreed upon date, this continuation will cease immediately.]

[Lay Off: If You are [temporarily] laid off by the Employer due to lack of work, Your coverage [(including Dependent Accidental Death [and Dismemberment] coverage)] may be continued until the last day of the month following the month in which the layoff commenced. [If the lay-off becomes permanent, this continuation will cease immediately.]]

[Status Change: If You are:

- 1) employed by the Policyholder; and
- 2) no longer in an Eligible Class due to a reduction in the number of scheduled hours You work;

Your coverage [(including Dependent Accidental Death [And Dismemberment] coverage)] may be continued until the last day of the third consecutive month of the date Your scheduled hours were reduced.]

[Disability Insurance: If You are working for the Policyholder; and

- 1) are covered by; and
- 2) meet the definition of disabled under;

a Group Disability Insurance Policy, issued [by Us] to the Policyholder, Your coverage [(including Dependent Accidental Death [and Dismemberment] coverage)] may be continued until the last day of the [6th-12th] month of the date You became disabled, as defined in the Group Disability Insurance Policy.]

[Injury: If You are not Actively at Work due to sickness or injury, all of Your coverage [(including Dependent Accidental Death [and Dismemberment] coverage)] may be continued.

- 1) for a period of [six-twelve] consecutive months from the date You were last Actively at Work; or
- 2) if such absence results in a leave of absence in accordance with the state and/or federal family and medical leave laws, then the combined continuation period will not exceed [six-twelve] consecutive months.]

[Family and Medical Leave: If You are granted a leave of absence, in writing, in accordance with state and/or federal family and medical leave laws, all of Your coverage [(including Dependent Accidental Death [and Dismemberment] coverage)] may be continued for up to [12-52] weeks, or longer if required by state law, following the date Your insurance would have terminated. If the leave of absence ends prior to the agreed upon date, this continuation will cease immediately.]

[Labor Dispute: If You are not Actively at Work as the result of a labor dispute, all of Your coverage [(including Dependent Accidental Death [and Dismemberment] coverage)] may be continued during such dispute [until the last day of the month in which the coverage terminated.] [If the labor dispute ends, this continuation will cease immediately.]

[Sabbatical: If You are on a documented [paid] sabbatical, Your coverage [(including Dependent Accidental Death [and Dismemberment] coverage)] may be continued until the last day of the month In which the sabbatical commenced. If the sabbatical terminates prior to the agreed upon date, this continuation will cease immediately.]

[Severance: If Your employment terminates and continuation of Accidental Death [and Dismemberment] insurance is available to You [and Your Dependents] in a severance plan sponsored by the Employer, all of Your coverage [(including Dependent Accidental Death [and Dismemberment] coverage)] may be continued. Your coverage will continue until the earliest of:

- 1) The date the Policy terminates;
- 2) the date You become covered under another group Accidental Death [and Dismemberment] insurance policy;
- 3) the date specified in Your severance plan; or
- 4) [6-12] months from the date Your employment terminated.

[Coverage for Your Dependent will continue until the earliest of:

- 1) the date Your Dependents no longer meet the definition of Dependents;

- 2) the date Dependents coverage is no longer available; or
- 3) the date Your coverage terminates.]]

[Spouse Continuation:]

If You die while Your Spouse is covered under the Policy, Your surviving Spouse may continue:

- 1) his or her coverage; and
- 2) [coverage of Your Dependent Child(ren) who were covered by the Policy on the date of Your death.]

We must receive Your Spouse's written request and the required premium to continue the coverage within 31 days of the Premium Due Date next following the date of Your death.

Solely for the purpose of continuing the coverage, the Spouse will be considered the insured person. However, Your Spouse's or any of the Dependent Child(ren)'s coverage will not continue beyond:

- 1) a date the coverage would otherwise have ended under the Dependent Termination provision; or
- 2) the premium due date next following the date Your Spouse remarries.]

[Dependent Continuation:]

If You die while covered under the Policy, [the Accidental Death [and Dismemberment] Insurance] coverage for Your Dependents in force at the time of Your death may be continued, until the earliest of:

- 1) the date the coverage would otherwise have ended under the Dependent Termination provision;
- 2) the date Your Spouse remarries, dies, or obtains coverage under another group plan;
- 3) the date Your Spouse attains age 65; or
- 4) 5 years from Your date of death.

Coverage continued under this provision will be Contributory Coverage and may not be increased.]

[Waiver of Premium:]

Waiver of Premium is a provision which allows You to continue Your [and Your Dependent's] Accidental Death [and Dismemberment] Insurance coverage without paying premium, while You are Disabled and qualify for Waiver of Premium.

If You qualify for Waiver of Premium, the amount of continued coverage:

- 1) will be the amount in force on the date You cease to be an Active [Employee][Member];
- 2) will be subject to any reductions provided by the Policy; and
- 3) will not increase.

Disabled, for the purposes of this provision, means You are wholly and continuously prevented from:

- 1) performing any work or occupation for wage or profit for which You are reasonably qualified or trained; or
- 2) if not employed, engaging in the normal activities of a person of like age and gender in good health, as a result of Injury or sickness.

[In addition, You will be considered disabled if You have been diagnosed with a life expectancy of [6-12] months or less.]

[If You are in an occupation that requires You to maintain a license, Your failure to pass a physical examination required to maintain that license does not alone mean that You are disabled.]

You qualify for Waiver of Premium if You:

- 1) are under Normal Retirement Age when You become Disabled;
- 2) are Disabled and provide Proof of Loss that You have been Disabled for [6-9] consecutive months, starting on the date You were last Actively at Work; and
- 3) provide such proof within one year of Your last day of being Actively at Work.

When You are approved for Waiver of Premium, We will refund to You, or to Your estate if You have died, any premiums paid during the period You have been continuously Disabled.

If We approve the Waiver of Premium, We will notify You of the date We will begin to waive premium. [In any case, We will not waive premiums for the first [6-9] months You are Disabled.] We have the right to:

- 1) require Proof of Loss that You are Disabled; and
- 2) have You examined at reasonable intervals during the first 2 years after receiving initial Proof of Loss, but not more than once a year after that.

[If You fail to submit any required Proof of Loss or refuse to be examined as required by Us, premiums will not be waived and You must continue to pay premiums.]

[However, if We deny Your application for Waiver of Premium, You may be eligible to convert coverage in accordance with the Conversion Right.]

[If You cease to be Disabled and return to work for a total of 5 days or less during the first [6-9] months that You are Disabled, the [6-9] month waiting period will not be interrupted. Except for the 5 days or less that You worked, You must be Disabled by the same condition for the total [6-9] month period. If You return to work for more than 5 days, You must satisfy a new waiting period.]

The Waiver of Premium will end on the Premium Due Date occurring on or next following the date You:

- 1) are no longer Disabled; or
- 2) fail to submit the required Proof of Loss; [or
- 3) attain the Policy Age Limit shown in the Schedule of Insurance.]

[We will waive premium payments for Your Dependent Accidental Death [and Dismemberment] Insurance and continue such coverage until the earliest of:

- 1) the date You die;
- 2) the date You no longer qualify for Waiver of Premium;
- 3) You attain age [65-75];
- 4) the date Your Dependents are no longer in an Eligible Class, or Dependent coverage is no longer offered; or
- 5) the date Your Dependent no longer meets the definition of Dependent.]

If the Waiver of Premium ends and:

- 1) You are eligible for coverage under the Policy, You may continue coverage under the Policy by paying the premiums; or
- 2) You are not eligible for coverage under the Policy, and coverage would end, You [or Your Dependents] may exercise the Conversion Right.

The Premium Due Date for insurance continued after the Waiver of Premium provision ends will be the date on which premiums would have become due had You not been approved for Waiver of Premium.

If the Policy terminates before You qualify for Waiver of Premium

- 1) You may be eligible to exercise the Conversion Right, provided You do so within

- the time limits described in such provision; and
- 2) You may still be approved for Waiver of Premium.

If the Policy terminates after You qualify for Waiver of Premium:

- 1) Your Dependents' coverage, if any, will terminate; and
- 2) Your coverage under the terms of this provision will not be affected.]

If You exercise Your right under the Conversion Right, this Waiver of Premium provision will automatically terminate. However, You may still be eligible for this Waiver of Premium provision, if, within 12 months of conversion of Your coverage to an individual policy:

- 1) You fulfill all the conditions of the Waiver of Premium provision; and
- 2) You surrender the individual policy and all benefits and payments under the individual policy except for any refund of premiums.]

**[Strike or Lock
Out Waiver of
Premium
Provision:**

In the event You are out of work due to:

- 1) a lawful strike authorized by your union; or
- 2) a lock out as a result of a labor dispute between You or an affiliated local union and Employer;

We will waive all premiums.

You must be covered under the Policy on the date immediately prior to the date the strike or lock out begins. The waiver of premium begins on the first Premium Due Date following the date the strike, lock out begins.

The waiver stops and premium payments must resume on the earliest of:

- 1) one year from the date the waiver began;
- 2) the next Premium Due Date after the strike or lock out is resolved;
- 3) the next Premium Due Date after You are offered the opportunity to return to work for Your Employer, or at the conclusion of the strike or lockout;
- 4) the next Premium Due Date after Your employment is terminated.]

[Only You may be covered under this provision.]

Notice and Proof of Strike or Lock out: Before benefits begin, We must receive written notice and proof satisfactory to Us of the strike or lock out (i.e. proof from the labor union). This Benefit must be in force before the date of the strike or lock out begins. To receive benefits, satisfactory proof of the status of the strike or lock out must be given to Us when and as often as We may reasonably require, but in no event less than every 30 days. We will stop providing benefits if proof is not provided under the provisions of this Benefit. You must notify Us as soon as the strike or lock out is resolved, when You return to work or You are offered the opportunity to return to work for Your Employer, or when Your employment is terminated.]

**[Conversion
Right:**

If You [or Your Dependents] cease to be covered under the Policy because You cease to be eligible for coverage and:

- 1) the Policy has not terminated; and
- 2) You have paid any required premium;

You have a Conversion Right as provided below.

The Conversion Right allows You to request coverage under a conversion policy from the Insurer, without giving medical evidence of insurability, to cover Yourself [and Your Dependents] [but not Your Dependents] [, however Your Dependents who continue to be covered under the Policy in the same or a different class cannot be covered under Your converted policy.]

Insurer, as used in this Conversion Right, means Us or another insurance company which has agreed with Us to issue converted policies according to this conversion right.

You must:

- 1) give the Insurer a written request for the converted policy; and
 - 2) pay the Insurer the initial premium;
- within 31 days after You cease to be covered under the Policy.

The Conversion Right will provide a converted policy that:

- 1) will have the provisions, limitations and exclusions on the form the Insurer is issuing for this purpose at conversion;
- 2) will provide coverage on a twenty-four –hour-a-day basis;
- 3) will provide benefits for Accidental Death and Dismemberment alone;
- 4) will take effect on the date You cease to be covered under the Policy;
- 5) may exclude any condition excluded by the Policy;
- 6) will not pay for any loss covered by the Policy;
- 7) will provide a Principal Sum for You which will be:
 - a) the amount of Your Principal Sum under the Policy on the date of Conversion rounded to the nearest \$1,000, subject to a minimum of [\$25,000.00 and a maximum of \$100,000.00], if You are under age 70;
 - b) [\$25,000.00], if You are age 70 or older but less than age 75; or
 - c) [\$12,500.00], if You are age 75 or older;
- 8) will have premiums based on the Insurer's rates in effect for new applicants of Your class and age at conversion.

[The Principal Sum amounts for Your Dependents who become covered under the converted policy will be the amounts We are offering for this purpose at conversion.]]

**[Reinstatement
after
Military
Service:**

If:

- 1) Your coverage terminates because You enter active military service; and
- 2) You are rehired [within 12 months of the date Your coverage terminated][within 12 months of the date You return from active military service;]

then coverage for You [and Your previously covered Dependents] may be reinstated, provided You request such reinstatement within 31 days of the date You return to work.

The reinstated coverage will be the same coverage amounts in force on the date coverage terminated and will be subject to all the terms and provisions of the Policy.]

SECTION 5: BENEFITS

[Explanation of Variables Note: Each benefit will be in-or-out. Each bracketed phrase will be in-or-out. Language concerning Dependents will be included if Dependent coverage is included, otherwise omitted. Bracketed numerical ranges shown are the actual ranges to be used.]

[Accidental Death Benefit: If You [or Your Dependents] sustain an Injury which results in Loss of life within [90-365] days of the date of accident, We will pay the deceased person's amount of Principal Sum after We receive Proof of Loss, in accordance with the Proof of Loss provision.

This Benefit will be paid according to the General Provisions of the Policy.

Your amount of Principal Sum is shown in the Schedule of Insurance. [The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]]

[Accidental Death [and Dismemberment] Benefit [with Double Indemnity] [with an Increased Benefit] While On a Common Carrier: If You [or Your Dependents] sustain an Injury which results in any of the following Losses within [90-365] days of the date of accident, We will pay the corresponding Benefit Amount after We receive Proof of Loss, in accordance with the Proof of Loss provision.

This Benefit will be paid according to the General Provisions of the Policy.

If the Injury occurs while On a Common Carrier, [We will [double] [increase] the Principal Sum payable [or a portion of such Principal Sum as shown opposite the Loss.] [However, in no event will the Principal Sum be increased [by] [to] more than the Common Carrier Limit.] [The Principal Sum will be increased to the Common Carrier Limit shown in the Schedule of Insurance.]

Your amount of Principal Sum is shown in the Schedule of Insurance. [The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]

<u>For Loss of:</u>	<u>Benefit Amount:</u>
[Life.....]	Principal Sum]
[Both Hands or Both Feet or Sight of Both Eyes.....]	Principal Sum]
[One Hand and One Foot.....]	Principal Sum]
[Speech and Hearing in Both Ears.....]	Principal Sum]
[Either Hand or Foot and Sight of One Eye.....]	Principal Sum]
[Movement of Both Upper and Lower Limbs (Quadriplegia).....]	Principal Sum]
[Movement of Both Lower Limbs (Paraplegia).....]	Three-Quarters of Principal Sum]
[Movement of Three Limbs (Triplegia).....]	Three-Quarters of Principal Sum]
[Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia).....]	One-Half of Principal Sum]
[Either Hand or Foot.....]	One-Half of Principal Sum]
[Sight of One Eye.....]	One-Half of Principal Sum]
[Speech or Hearing in Both Ears.....]	One-Half of Principal Sum]
[Movement of One Limb (Uniplegia).....]	One-Quarter of Principal Sum]
[Thumb and Index Finger of Either Hand	One-Quarter of Principal Sum]

Loss means with regard to:

- 1) [hands and feet, actual severance through or above wrists or ankle joints;]
- 2) [sight, speech, and hearing, entire and irrecoverable loss thereof;]
- 3) [thumb and index finger, actual severance through or above the metacarpophalangeal joints;]
- 4) [movement, complete and irreversible paralysis of such limbs.]]

[Accidental Death while Actively at Work Benefit:]	<p>If You sustain an Injury while Actively at Work and such Injury results in Loss of life within [90-365] days of the date of accident, We will pay Your Principal Sum after We receive Proof of Loss in accordance with the Proof of Loss provision.</p> <p>This Benefit will be paid according to the General Provisions of the Policy.</p> <p>Your amount of Principal Sum is shown In the Schedule of Insurance.]</p>
[Accidental Death Motor Vehicle Benefit:]	<p>If You [or Your Dependents] sustain an Injury while:</p> <ol style="list-style-type: none"> 1) the licensed driver of; or 2) a passenger in; <p>a Motor Vehicle, and such Injury results in Loss of life within [90-365] days of the date of accident, We will pay the deceased person's amount of Principal Sum after We receive Proof of Loss, in accordance with the Proof of Loss provision.</p> <p>This Benefit will be paid according to the General Provisions of the Policy.</p> <p>Your amount of Principal Sum is shown in the Schedule of Insurance. [The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]]</p>
[Accidental Death Motor Vehicle and Pedestrian Benefit:]	<p>If You [or Your Dependents] sustain an Injury:</p> <ol style="list-style-type: none"> 1) while the licensed driver of, or a passenger in, a Motor Vehicle; or 2) as a result of being struck by a Motor Vehicle or Common Carrier while: <ol style="list-style-type: none"> a) a Pedestrian; or b) riding on a non-motorized bicycle; and <p>such injury results in Loss of life within [90-365] days of the date of accident, We will pay the deceased person's amount of Principal Sum after We receive Proof of Loss, in accordance with the Proof of Loss provision.</p> <p>This Benefit will be paid according to the General Provisions of the Policy.</p> <p>Your amount of Principal Sum is shown in the Schedule of Insurance. [The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]]</p>
[Accidental Death Covered Accident Benefit:]	<p>If You [or Your Dependents] sustain an Injury in a Covered Accident and such Injury results in Loss of life within [90-365] days of the date of the Covered Accident, We will pay the deceased person's amount of Principal Sum after We receive Proof of Loss, in accordance with the Proof of Loss provision.</p> <p>This Benefit will be paid according to the General Provisions of the Policy.</p> <p>If the injured person has more than one Covered Accident under this Benefit, only one benefit, the largest, will be payable.</p> <p>Your amount of Principal Sum is shown in the Schedule of Insurance. [The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]]</p>
[Accidental Death and Dismemberment Benefit:]	<p>If You [or Your Dependents] sustain an Injury which results in any of the following Losses within [90-365] days of the date of accident, We will pay the injured person's amount of Principal Sum, or a portion of such Principal Sum, as shown opposite the Loss, after We receive Proof of Loss in accordance with the Proof of Loss provision.</p>

This Benefit will be paid according to the General Provisions of the Policy.

We will not pay more than the Principal Sum to any one person, for all Losses due to the same accident. Your amount of Principal sum is shown in the Schedule of Insurance. [The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]

<u>For Loss of:</u>	<u>Benefit Amount:</u>
[Life.....]	Principal Sum]
[Both Hands or Both Feet or Sight of Both Eyes.....]	Principal Sum]
[One Hand and One Foot.....]	Principal Sum]
[Speech and Hearing in Both Ears.....]	Principal Sum]
[Either Hand or Foot and Sight of One Eye.....]	Principal Sum]
[Movement of Both Upper and Lower Limbs (Quadriplegia).....]	Principal Sum]
[Movement of Both Lower Limbs (Paraplegia).....]	Three-Quarters of Principal Sum]
[Movement of Three Limbs (Triplegia).....]	Three-Quarters of Principal Sum]
[Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia).....]	One-Half of Principal Sum]
[Either Hand or Foot.....]	One-Half of Principal Sum]
[Sight of One Eye.....]	One-Half of Principal Sum]
[Speech or Hearing in Both Ears.....]	One-Half of Principal Sum]
[Movement of One Limb (Uniplegia).....]	One-Quarter of Principal Sum]
[Thumb and Index Finger of Either Hand	One-Quarter of Principal Sum]

Loss means with regard to:

- 1) [hands and feet, actual severance through or above wrists or ankle joints;]
- 2) [sight, speech, and hearing, entire and irrecoverable loss thereof;]
- 3) [thumb and index finger, actual severance through or above the metacarpophalangeal joints;]
- 4) [movement, complete and irreversible paralysis of such limbs.]]

**[Accidental
Death [and
Dismemberment] while On a
Scheduled
Aircraft,
Military
Transport
Aircraft
and Common
Carrier
Benefit:**

If You [or Your Dependents] sustain an Injury which results in any of the following Losses within [90-365] days of the date of accident, We will pay the injured person's amount of Principal Sum, or a portion of such Principal Sum, as shown opposite the Loss, if the Injury occurred while the injured person was:

- 1) a passenger On a Scheduled Aircraft, Military Transport Aircraft or Common Carrier;
or
- 2) struck by an aircraft.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of the Policy.

We will not pay more than the Principal Sum, to any one person, for all Losses due to the same accident. Your amount of Principal Sum is shown in the Schedule of Insurance. [The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]

<u>For Loss of:</u>	<u>Benefit Amount:</u>
[Life.....]	Principal Sum]
[Both Hands or Both Feet or Sight of Both Eyes.....]	Principal Sum]
[One Hand and One Foot.....]	Principal Sum]
[Speech and Hearing in Both Ears.....]	Principal Sum]
[Either Hand or Foot and Sight of One Eye.....]	Principal Sum]
[Movement of Both Upper and Lower Limbs (Quadriplegia).....]	Principal Sum]
[Movement of Both Lower Limbs (Paraplegia).....]	Three-Quarters of Principal Sum]

[Movement of Three Limbs (Triplegia).....	Three-Quarters of Principal Sum]
[Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia).....	One-Half of Principal Sum]
[Either Hand or Foot.....	One-Half of Principal Sum]
[Sight of One Eye.....	One-Half of Principal Sum]
[Speech or Hearing in Both Ears.....	One-Half of Principal Sum]
[Movement of One Limb (Uniplegia).....	One-Quarter of Principal Sum]
[Thumb and Index Finger of Either Hand	One-Quarter of Principal Sum]

Loss means with regard to:

- 1) [hands and feet, actual severance through or above wrists or ankle joints;]
- 2) [sight, speech, and hearing, entire and irrecoverable loss thereof;]
- 3) [thumb and index finger, actual severance through or above the metacarpophalangeal joints;]
- 4) [movement, complete and irreversible paralysis of such limbs.]]

**[Accidental
Death [and
Dismemberment]
while On a
Scheduled
Aircraft or
Military
Transport
Aircraft
Benefit:**

If You [or Your Dependents] sustain an Injury which results in any of the following Losses within [90-365] days of the date of accident, We will pay the injured person's amount of Principal Sum, or a portion of such Principal Sum, as shown opposite the Loss, if the Injury occurred while the injured person was:

- 1) a passenger On a Scheduled Aircraft or Military Transport Aircraft; or
- 2) struck by an aircraft.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of the Policy.

We will not pay more than the Principal Sum, to any one person, for all Losses due to the same accident. Your amount of Principal Sum is shown in the Schedule of Insurance. [The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]

<u>For Loss of:</u>	<u>Benefit Amount:</u>
[Life.....	Principal Sum]
[Both Hands or Both Feet or Sight of Both Eyes.....	Principal Sum]
[One Hand and One Foot.....	Principal Sum]
[Speech and Hearing in Both Ears.....	Principal Sum]
[Either Hand or Foot and Sight of One Eye.....	Principal Sum]
[Movement of Both Upper and Lower Limbs (Quadriplegia).....	Principal Sum]
[Movement of Both Lower Limbs (Paraplegia).....	Three-Quarters of Principal Sum]
[Movement of Three Limbs (Triplegia).....	Three-Quarters of Principal Sum]
[Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia).....	One-Half of Principal Sum]
[Either Hand or Foot.....	One-Half of Principal Sum]
[Sight of One Eye.....	One-Half of Principal Sum]
[Speech or Hearing in Both Ears.....	One-Half of Principal Sum]
[Movement of One Limb (Uniplegia).....	One-Quarter of Principal Sum]
[Thumb and Index Finger of Either Hand	One-Quarter of Principal Sum]

Loss means with regard to:

- 1) [hands and feet, actual severance through or above wrists or ankle joints;]
- 2) [sight, speech, and hearing, entire and irrecoverable loss thereof;]
- 3) [thumb and index finger, actual severance through or above the metacarpophalangeal joints;]
- 4) [movement, complete and irreversible paralysis of such limbs.]]

**[Accidental
Death and
Dismemberment
while on a
Covered
Trip Benefit:**

If You [or Your Dependents] sustain an Injury while On a Covered Trip and such Injury results in any of the following losses within [90-365] days of the date of the accident, We will pay the injured person's amount of Principal Sum, or a portion of such Principal Sum, as shown opposite the Loss.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of the Policy.

We will not pay more than the Principal Sum, to any one person, for all Losses due to the same accident. Your amount of Principal Sum is shown in the Schedule of Insurance. [The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]

<u>For Loss of:</u>	<u>Benefit Amount:</u>
[Life.....]	Principal Sum]
[Both Hands or Both Feet or Sight of Both Eyes.....]	Principal Sum]
[One Hand and One Foot.....]	Principal Sum]
[Speech and Hearing in Both Ears.....]	Principal Sum]
[Either Hand or Foot and Sight of One Eye.....]	Principal Sum]
[Movement of Both Upper and Lower Limbs (Quadriplegia).....]	Principal Sum]
[Movement of Both Lower Limbs (Paraplegia).....]	Three-Quarters of Principal Sum]
[Movement of Three Limbs (Triplegia).....]	Three-Quarters of Principal Sum]
[Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia).....]	One-Half of Principal Sum]
[Either Hand or Foot.....]	One-Half of Principal Sum]
[Sight of One Eye.....]	One-Half of Principal Sum]
[Speech or Hearing in Both Ears.....]	One-Half of Principal Sum]
[Movement of One Limb (Uniplegia).....]	One-Quarter of Principal Sum]
[Thumb and Index Finger of Either Hand	One-Quarter of Principal Sum]

Loss means with regard to:

- 1) [hands and feet, actual severance through or above wrists or ankle joints;]
- 2) [sight, speech, and hearing, entire and irrecoverable loss thereof;]
- 3) [thumb and index finger, actual severance through or above the metacarpophalangeal joints;]
- 4) [movement, complete and irreversible paralysis of such limbs.]]

**[Accidental
Death and
Dismemberment
while Actively
at
Work Benefit:**

If You sustain an Injury while Actively at Work, and such Injury results in any of the following losses within [90-365] days of the date of the accident, We will pay Your Principal Sum, or a portion of such Principal Sum, as shown opposite the Loss.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of the Policy.

We will not pay more than the Principal Sum for all Losses due to the same accident. Your amount of Principal Sum is shown in the Schedule of Insurance.

<u>For Loss of:</u>	<u>Benefit Amount:</u>
[Life.....]	Principal Sum]
[Both Hands or Both Feet or Sight of Both Eyes.....]	Principal Sum]
[One Hand and One Foot.....]	Principal Sum]
[Speech and Hearing in Both Ears.....]	Principal Sum]
[Either Hand or Foot and Sight of One Eye.....]	Principal Sum]
[Movement of Both Upper and Lower Limbs (Quadriplegia).....]	Principal Sum]

[Movement of Both Lower Limbs (Paraplegia).....	Three-Quarters of Principal Sum]
[Movement of Three Limbs (Triplegia).....	Three-Quarters of Principal Sum]
[Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia).....	One-Half of Principal Sum]
[Either Hand or Foot.....	One-Half of Principal Sum]
[Sight of One Eye.....	One-Half of Principal Sum]
[Speech or Hearing in Both Ears.....	One-Half of Principal Sum]
[Movement of One Limb (Uniplegia).....	One-Quarter of Principal Sum]
[Thumb and Index Finger of Either Hand	One-Quarter of Principal Sum]

Loss means with regard to:

- 1) [hands and feet, actual severance through or above wrists or ankle joints;]
- 2) [sight, speech, and hearing, entire and irrecoverable loss thereof;]
- 3) [thumb and index finger, actual severance through or above the metacarpophalangeal joints;]
- 4) [movement, complete and irreversible paralysis of such limbs.]]

**[Common
Carrier
Benefit:**

If You [or Your Dependents] sustain an Injury while on a Common Carrier which results in any of the following Losses within [90-365] days of the date of accident, We will pay the deceased person's amount of [Common Carrier] Principal Sum after We receive Proof of Loss, in accordance with the Proof of Loss provision.

This Benefit will be paid according to the General Provisions of the Policy.

<u>For Loss of:</u>	<u>Benefit Amount:</u>
[Life.....	Principal Sum]
[Both Hands or Both Feet or Sight of Both Eyes.....	Principal Sum]
[One Hand and One Foot.....	Principal Sum]
[Speech and Hearing in Both Ears.....	Principal Sum]
[Either Hand or Foot and Sight of One Eye.....	Principal Sum]
[Movement of Both Upper and Lower Limbs (Quadriplegia).....	Principal Sum]
[Movement of Both Lower Limbs (Paraplegia).....	Three-Quarters of Principal Sum]
[Movement of Three Limbs (Triplegia)	Three-Quarters of Principal Sum]
[Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia).....	One-Half of Principal Sum]
[Either Hand or Foot.....	One-Half of Principal Sum]
[Sight of One Eye.....	One-Half of Principal Sum]
[Speech or Hearing in Both Ears.....	One-Half of Principal Sum]
[Movement of One Limb (Uniplegia).....	One-Quarter of Principal Sum]
[Thumb and Index Finger of Either Hand	One-Quarter of Principal Sum]

Loss means with regard to:

- 1) [hands and feet, actual severance through or above wrists or ankle joints;]
- 2) [sight, speech, and hearing, entire and irrecoverable loss thereof;]
- 3) [thumb and index finger, actual severance through or above the metacarpophalangeal joints;]
- 4) [movement, complete and irreversible paralysis of such limbs.]

[However, in no event will the [Common Carrier] Principal Sum be more that the Common Carrier Limit.]

Your amount of [Common Carrier] Principal Sum and Common Carrier Limit are shown in the Schedule of Insurance. [The amount of your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]]

[Exposure and

Exposure to the elements will be presumed to be Injury if:

**Disappearance
Benefit:**

- 1) it results from the forced landing, stranding, sinking or wrecking of a conveyance in which You [or Your Dependents] were an occupant at the time of the accident; and
- 2) the Policy would have covered an Injury resulting from the accident.

We will presume that You [or Your Dependents] suffered Loss of life if:

- 1) the person's body has not been found within one year after the disappearance of a conveyance in which he or she was an occupant at the time of its disappearance;
- 2) the disappearance of the conveyance was due to its accidental forced landing, stranding, sinking or wrecking; and
- 3) the Policy would have covered an Injury resulting from the accident.]

**[Seat Belt [and
Air Bag]
Benefit:**

If You [or Your Dependents] sustain an Injury that results in a Loss payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Seat Belt [and Air Bag] Benefit if the Injury occurred while the Injured person was:

- 1) a passenger riding in; or
- 2) the licensed operator of;

a properly registered Motor Vehicle and was wearing a Seat Belt at the time of the Accident as verified on the police accident report.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of the Policy.

[If a Seat Belt Benefit is payable, We will also pay an Air Bag Benefit if [the injured person] was:

- 1) positioned in a seat equipped with a factory-installed Air Bag; and
- 2) properly strapped in the Seat Belt when the Air Bag inflated.]

The Seat Belt Benefit is the lesser of:

- 1) an amount resulting from multiplying the injured person's amount of Principal Sum by the Seat Belt Benefit Percentage; or
- 2) the Maximum Amount for this Benefit.

[The Air Bag Benefit is the lesser of:

- 1) an amount resulting from multiplying the injured person's amount of Principal Sum by the Air Bag Benefit Percentage; or
- 2) the Maximum Amount for this Benefit].

[If it cannot be determined that the injured person was wearing a Seat Belt at the time of Accident, a Minimum Benefit will be payable under the Seat Belt Benefit.]

Accident, for the purpose of this Benefit only, means the unintentional collision of a Motor Vehicle during which the injured person was wearing a Seat Belt.

[Air Bag means an inflatable supplemental passive restraint system installed by the manufacturer of the Motor Vehicle or its proper replacement parts installed as required by the Motor Vehicle's manufacturer's specifications that inflates upon collision to protect an individual from Injury and death. An Air Bag is not considered a Seat Belt.]

Seat Belt means:

- 1) an unaltered belt, lap restraint, or lap and shoulder restraint installed by the manufacturer of the Motor Vehicle, or proper replacement parts installed as required by the Motor Vehicle's manufacturer's specifications; or
- 2) a child restraint device that meets the standards of the National Safety Council and is properly secured and used in accordance with applicable state law and installed according to the recommendations of its manufacturer for children of like age and

weight.

The Seat Belt [and Air Bag] Benefit will not be payable if the injured person is operating the Motor Vehicle at the time of Injury while:

- 1) Intoxicated; or
- 2) taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a Physician.

Intoxicated means:

- 1) the blood and alcohol content;
 - 2) the results of other means of testing blood alcohol level; or
 - 3) the results of other means of testing other substances;
- that meet or exceed the legal presumption of intoxication, or under the influence, under the law of the state where the accident occurred.

The specific amounts for this Benefit are shown in the schedule of Insurance.]

[Anti-Inflation Benefit:

If You [or Your Dependents] sustain an Injury that results in a Loss payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, the Anti-Inflation Benefit will provide an additional inflation adjustment to the injured person's amount of Principal Sum.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of the Policy.

The Anti-Inflation Benefit is the injured person's amount of Principal Sum, at the time of claim, multiplied by:

- 1) the Anti-Inflation Benefit Percentage;
 - 2) for every [1-3] years of continuous coverage under the Policy;
- to a maximum of [10-15], years subject to a Maximum Benefit Amount of the injured person's amount of original Principal Sum.

If You [or Your Dependents] increase the Principal Sum, We will apply the Anti-Inflation Benefit separately to each additional increase under the Policy. Likewise, if You [or Your Dependents] decrease the Principal Sum, We will correspondingly reduce any Anti-Inflation Benefit which was increased.]

[Repatriation Benefit:

If You [or Your Dependents] sustain an Injury that results in Loss of life payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Repatriation Benefit, if the death occurs outside the territorial limits of the state or country of the deceased person's place of permanent residence. We will only pay a benefit if the deceased person's body is transported across state lines or country borders.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of the Policy.

The Repatriation Benefit will pay the lesser of:

- 1) the actual expenses incurred for:
 - a) preparation of the body for burial or cremation; and
 - b) transportation of the body to the place of burial or cremation;
- 2) the amount resulting from multiplying the deceased person's amount of Principal Sum by the Repatriation Benefit Percentage; or
- 3) the Maximum Amount for this Benefit.

The Specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Felonious
Assault
Benefit:**

If You [or your Dependents] sustain an Injury that results in a Loss payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Felonious Assault Benefit, if Injury is the result of a Felonious Assault.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of the Policy.

The Felonious Assault Benefit will pay the lesser of:

- 1) the amount resulting from multiplying the injured person's amount of Principal Sum by the Felonious Assault Percentage; or
- 2) the Maximum Amount for this Benefit.

Felonious Assault means a violent or criminal act directed at You [or Your Dependents] during the course of:

- 1) a robbery, kidnapping or criminal assault; or
- 2) an attempt at any of the above.

The Felonious Assault Benefit will not pay for a Loss that results from a Felonious Assault committed by:

- 1) a member of the injured person's family;
- 2) a member of the household in which the injured person lives; or
- 3) the injured person's fellow employee.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Child
Education
Benefit:**

If You [or Your Spouse] sustain an Injury that results in Loss of life payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Child Education Benefit to Your Dependent Child(ren).

This Benefit will be paid:

- 1) after We receive proof that your Dependent Child(ren) qualify as a Student, as defined in this Benefit; and
- 2) according to the General Provisions of the Policy.

If You die, the Child Education Benefit provides an annual amount equal to the lesser of:

- 1) the amount resulting from multiplying Your Principal Sum by the Child Education Percentage; or
- 2) the Maximum Amount for this Benefit.

[If Your Spouse dies, the Child Education Benefit pays an amount equal to the lesser of:

- 1) the amount resulting from multiplying Your Spouse's amount of Principal Sum by the Child Education Percentage; or
- 2) the Maximum Amount for this Benefit.]

The Child Education Benefit is payable to each of Your Dependent Child(ren):

- 1) on the date; and
- 2) for whom;

We have received proof satisfactory to Us that he or she is a Student.

If he or she is a minor, We will pay the benefit to the Student's legal guardian.

We will pay the Child Education Benefit to a qualifying Student until the first to occur of:

- 1) Our payment of the [second-fourth] Child Education Benefit to or on behalf of that

- person; or
- 2) the end of the 12th consecutive month during which We have not received proof satisfactory to Us that he or she is a Student.

We will not pay more than one Child Education Benefit to any one Student during any one School year.

We will pay the Minimum Amount for this Benefit in accordance with the Claims to be Paid provision of the Policy if:

- 1) a Principal Sum is payable because of Your death [or Your Spouse's death]; and
- 2) no person qualifies as a Student.

Student means Your Dependent Child on the date of Your [or Your Spouse's] death and:

- 1) is a full-time [(at least [12] course credit hours per semester)] post-high school student at an accredited institution of learning on the date of Your [or Your Spouse's] death; or
- 2) became a full-time [(at least [12] course credit hours per semester)] post-high school student at an accredited institution of learning within 365 days after Your [or Your Spouse's] death and was a student in the 12th grade on the date of Your [or Your Spouse's] death.

If the institution establishes full-time status in any other manner, We reserve the right to determine whether the Child qualifies as a Student.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

[Day Care Benefit:

If You [or Your Spouse] sustain an Injury that results in Loss of life payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Day Care Benefit for each of your Dependent Children [who are covered] if such [Dependent] Child is under age [6-10] at the time of Your [or Your Spouse's] death.

This benefit will be paid:

- 1) after We receive proof of enrollment in a Day Care Program as described in this Benefit; and
- 2) according to the General Provisions of the Policy.

We will make one Day Care Benefit payment each year, for a maximum of [2-4] Day Care Benefit payments, for each Dependent Child. The Benefit will be paid to the person who has primary responsibility for the Dependent Child's Day Care expenses.

Proof of enrollment satisfactory to Us for each Dependent Child in a Day Care Program includes, but will not be limited to, the following:

- 1) a copy of the Dependent Child's approved enrollment application in a Day Care Program;
- 2) cancelled checks(s) evidencing payment to a Day Care facility or Day Care provider;
- 3) a letter from the Day Care facility or Day Care provider stating that the Dependent Child:
 - a) is attending a Day Care Program; or
 - b) has been enrolled in a Day Care Program and will be attending within 365 days of the date of the death.

Proof of enrollment must be sent to Us prior to the last day of the 12th month following the date of death.

If You die, the Day Care Benefit provides an annual amount equal to the lesser of:

- 1) the amount resulting from multiplying Your Principal Sum by the Day Care Benefit;

- or
- 2) the Maximum Amount for this Benefit.

[If Your Spouse dies, the Day Care Benefit pays an amount equal to the lesser of:

- 1) the amount resulting from multiplying Your Spouse's amount of Principal Sum by the Day Care Benefit; or
- 2) the Maximum Amount for this Benefit.]

We will pay the Minimum Amount for this Benefit] in accordance with the Claims to be Paid provision for payment of benefits for Loss of life is:

- 1) a Principal Sum is payable because of the deceased person's death; and
- 2) no person qualifies as a Child eligible for the Day Care Benefit.]

Day Care or Day Care Program means a program of child care which:

- 1) if operated in a private home, school, or other facility;
- 2) provides, and makes and charge for, the care of children; and
- 3) is licensed as a day care center or is operated by a licensed day care provider, if such licensing is required by the state of jurisdiction in which it is located; or
- 4) if licensing is not required, provides childcare on a daily basis for 12 months a year.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

[Rehabilitation Benefit:

If You [or Your Dependents] sustain an Injury which results in a Loss other than Loss of life, payable under the [Non-Contributory] Accidental Death and Dismemberment Benefit, We will pay an additional Rehabilitation Benefit for Rehabilitative Program Expenses Incurred within one (1) year of the date of accident.

This Benefit will be paid:

- 1) after We receive proof of Expenses Incurred for a Rehabilitative Program, in accordance with proof of Loss provision; and
- 2) according to the General Provisions of the Policy.

The Rehabilitation Benefit provides an amount equal to the least of:

- 1) the actual Expense Incurred for a Rehabilitative Program;
- 2) the amount resulting from multiplying injured person's amount of Principal Sum by the Rehabilitation Benefit Percentage; or
- 3) the Maximum Amount for this Benefit.

Rehabilitative Program means any training which:

- 1) is required due to the injured person's Injury; [and
- 2) prepares the injured person for an occupation for which he or she was not previously trained.]

Expenses Incurred means the actual cost of:

- 1) training; and
- 2) materials needed for the training.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

[Spouse Education Benefit:

If You sustain an Injury that results in a Loss of life payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Spouse Education Benefit to Your surviving Spouse.

[Your Spouse must be covered under the Policy in order to receive this Benefit.]

This Benefit will be paid:

- 1) after We receive proof satisfactory to Us that the Spouse has enrolled in an Occupational Training program; and
- 2) according to the General Provisions of the Policy.

The Spouse Education Benefit is the least of;

- 1) the Expense Incurred for Occupational Training.
- 2) the amount resulting from multiplying Your Principal Sum by the Spouse Education Benefit Percentage; or
- 3) the Maximum amount for this Benefit].

[If a Principal Sum is payable because of Your death and there is no surviving Spouse, We will pay the Minimum Amount for this Benefit in accordance with the Claims to be Paid provision.]

Your surviving Spouse must enroll in Occupational Training:

- 1) for the purpose of obtaining an independent source of income; and
- 2) within one (1) year of Your death.

Occupational Training means any:

- 1) education;
- 2) professional; or
- 3) trade training;

program which prepares the Spouse for an occupation for which he or she was not previously qualified.

Expenses Incurred means:

- 1) the actual tuition charged, exclusive of room and board; and
- 2) the actual cost of the materials needed;

for the Occupational Training.

The expense must be incurred within two (2) years of the date of Your death.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Adaptive
Home and
Vehicle
Benefit:**

If You [or Your Dependents] sustain an Injury that results in a Loss, other than Loss of life, payable under the [Non-Contributory] Accidental Death and Dismemberment Benefit, We will pay an additional Adaptive Home and Vehicle Benefit.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of the Policy.

The Adaptive Home and Vehicle Benefit pays a benefit for the one-time cost of alterations to the injured person's:

- 1) principal residence; and/or
- 2) private automobile;

to make the residence accessible and/or the private automobile drivable or rideable for him or her. The costs must be incurred within [one-two] years from the date of accident.

We will pay the Adaptive Home and Vehicle Benefit if:

- 1) such home alterations are:
 - a) made by a person or persons with experience in such alterations; and
 - b) recommended by a recognized organization associated with the Injury; and
- 2) such vehicle modifications are:
 - a) carried out by a person or persons with experience in such matters; and
 - b) approved by the Motor Vehicle Department.

The Adaptive Home and Vehicle Benefit will provide an amount equal to the least of:

- 1) the actual cost of the alterations;
- 2) the amount resulting from multiplying [the injured person's amount of Principal Sum by the Adaptive Home and Vehicle Benefit Percentage; or
- 3) the Maximum Amount for this Benefit.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

[Coma Benefit: If, as a result of an Injury, You [or Your Dependents]:

- 1) are in a Coma within [31-90] days from the date of accident; and
- 2) remain continuously in a Coma for at least the number of days shown as the Waiting Period;

We will pay [1%-5%] of the Coma Maximum Benefit Amount for each month after the Waiting Period that the injured person remains in a Coma.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 3) according to the General Provisions of the Policy.

We will pay the benefit until the earliest to occur of:

- 1) the end of the month in which the injured person dies;
- 2) the end of the month in which the injured person recovers from the Coma; or
- 3) when the total payment equals the Coma Maximum Benefit Amount.

The Coma Maximum Benefit equals the injured person's amount of Principal Sum less all other payments under the Policy for the Injury.]

Coma means complete and continuous:

- 1) unconsciousness; and
- 2) inability to respond to external or internal stimuli, as verified by a Physician.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

[Critical Burn Benefit: If You [or Your Dependents] are Critically Burned and require reconstructive surgery as determined by a Physician, We will pay a Critical Burn Benefit.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of the Policy.

The Critical Burn Benefit is an amount equal to the least of:

- 1) the actual cost for the expense of the reconstructive surgery;
- 2) the amount resulting from multiplying the injured person's amount of Principal Sum by the Critical Burn Percentage; or
- 3) the Maximum Amount for this Benefit.

Critically Burned means the injured person suffered burns which:

- 1) are certified by a Physician as more severe than second degree burns; and
- 2) result in scarring over at least 25% of the body

The specific amounts for this Benefit are shown in the schedule of Insurance.]

[Therapeutic Counseling Benefit If You [or Your Dependents] sustain an Injury that results in a Loss, other than Loss of life, that is payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Therapeutic Counseling Benefit if the injured person requires Therapeutic Counseling due to the Loss.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provision of the Policy.

Therapeutic Counseling must:

- 1) begin within 90 days of the date of the Loss; and
- 2) be incurred no later than one year of the date of the Loss.

The Therapeutic Counseling Benefit is an amount equal to the the least of:

- 1) the Reasonable Expenses incurred for Therapeutic Counseling;
- 2) the amount resulting from multiplying the injured person's amount of Principal Sum by the Therapeutic Counseling Percentage; or
- 3) the Maximum Amount for this Benefit.

Therapeutic Counseling means treatment or counseling provided by a licensed therapist or counselor registered or certified to provide psychological treatment or counseling.

Reasonable Expenses means fees and prices which do not exceed those generally charged for similar Therapeutic Counseling in the local area where such Therapeutic Counseling was received. For purposes of this benefit, We reserve the right to determine Reasonable Expenses. A Reasonable Expense is considered to incur on the date the Therapeutic Counseling is rendered.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Accident
Hospital
Income Benefit
[Covered
Accident]:**

If You [or Your Dependents] are Confined in a Hospital during one or more Periods of Confinement and the:

- 1) Confinement is due to Injury [sustained in a Covered Accident];
- 2) first Day of Confinement occurs within [30-90] days after the accident; and
- 3) the Confinement exceeds the Waiting Period;

We will pay the Daily Accident Hospital Income Benefit, for each day the injured person is Confined.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of the Policy.

We will not pay for any Day of Confinement which;

- 1) is during the Waiting Period at the beginning of Confinement;
- 2) exceeds the Payment Period; or
- 3) occurs more than [one-two] years after the date of accident.

[We will pay for the days during the Waiting Period if:

- 1) the Waiting Period states that "payment is retroactive"; and
- 2) the Confinement exceeds the Waiting Period.]

The Waiting Period is applied only once for any one accident if the injured person is Confined more than once due to the same Injury.

Confined or Confinement means being an inpatient in a Hospital due to Injury.

Day of Confinement means a day of inpatient Confinement in a Hospital for which a daily room and board charge is made for a full day of Confinement.

Period of Confinement means the interval of time during which an injured person is

Confined as an inpatient in a Hospital. A Period of Confinement begins on the date of admission to the Hospital and ends on the date of release from the Hospital. [If a Benefit is payable, and the injured person is subsequently Confined to a Hospital for the same Injury within [30-90] days, We will consider it the same Period of Confinement.]

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Intensive Care
Unit Benefit:**

If You [or Your Dependents] are confined during a Period of Confinement and the:

- 1) Confinement is due to Injury sustained in a Covered Accident; and
- 2) the first Day of Confinement occurs within [30-90] days after the accident;

We will pay an Intensive Care Unit benefit.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of the Policy.

[If the injured person is Confined in an Intensive Care Unit as a result of more than one Covered Accident, only one benefit, the largest, will be payable.]

The Benefit is payable as long as the Period of Confinement continues up to the Maximum Benefit Period.

Confined and **Confinement** means the patient is:

- 1) admitted to an Intensive Care Unit; and
- 2) charged for at least one day's room and board by the Hospital for each time he or she is admitted.

Period of Confinement means the interval of time during which the injured person is Confined as an inpatient in an Intensive Care Unit. A Period of Confinement begins on the date of admission to the Intensive Care Unit and ends on the date of release from the Intensive Care Unit.

Intensive Care Unit (ICU) means only that specifically designated facility of the Hospital that provides the highest level of medical care. It is restricted to patients who are critically ill or injured. The ICU must be permanently equipped with special life-saving equipment for the care of the critically ill or injured. The patients must be under constant and continuous care of nurses assigned only to the ICU. These units must be listed as Intensive Care Units in the current edition of the American Hospital Associate Guide or eligible to be listed therein. This guide lists three types of facilities that meet this definition:

- 1) Intensive Care Unit;
- 2) Cardiac Intensive Care Unit; and
- 3) Infant (Neonatal) Intensive Care Unit.

These do not include surgical recovery rooms, progressive care, intermediate care, private or semi-private monitored rooms, observation units, telemetry units, or other facilities which do not meet the standards for an Intensive Care Unit as defined.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Outpatient
Care Benefit:**

If, You [or Your Dependents]:

- 1) sustain an Injury while in a Covered Accident; and
- 2) require and receive treatment as an outpatient unit of a Hospital within [24-96] hours of the date of the Injury;

We will pay an Outpatient Care Benefit.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of the Policy.

[If the injured person receives outpatient care as a result of more than one Covered Accident, only one benefit amount, the largest, will be payable.]

We will not pay this Benefit more than [once-twice] each year for each person covered under this Benefit.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Recuperation
Benefit:**

If, You [or Your Dependents] sustain an Injury while in a Covered Accident and receive benefits under the Policy under either:

- 1) the Accident Hospital Income Benefit; or
- 2) the Intensive Care Unit Benefit;

We will pay an additional Recuperation Benefit.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of the Policy.

[If the injured person sustains an Injury as a result of more than one Covered Accident, only one benefit amount, the largest, will be payable.]

This Benefit is payable for the same number of days that We pay the [Accident Hospital Income Benefit] [and] [Intensive Care Benefit] under the Policy.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Continuation
of Medical
Coverage
(COBRA)
Benefit:**

If You sustain an Injury that results in Loss of Life payable under the Accidental Death [and Dismemberment] Benefit, and Your Dependents:

- 1) are covered under the Policy; and
- 2) elect to continue medical coverage in accordance with the Consolidated Omnibus Reconciliation Act of 1988 (COBRA);

We will pay a Continuation of Medical Coverage Benefit.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of the Policy.

We will pay the COBRA Benefit in [two-four] annual installment amounts each equal to the lesser of:

- 1) the amount resulting from multiplying Your Principal Sum by the Percentage for the Continuation of Medical Coverage Benefit; or
- 2) the Maximum Amount for this Benefit.

The COBRA Benefit is payable to Your Dependents' insurance carrier on the date We receive the bill for such continuation of coverage.

If the Principal Sum is payable because of Your death; and

- 1) no person qualified as a Dependent; or
- 2) Your Dependents do not elect to continue coverage pursuant to COBRA;

We will pay the Minimum Amount for this Benefit in accordance with the Claims to be Paid provision of the Policy.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

[Extended Dependents Coverage Benefit:

If You die while Your Dependents are covered under the Policy, We will waive the payment of premiums; and continue coverage for Your covered Dependents.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of the Policy.

We will waive the premium and continue coverage for each of Your Dependents until the first to occur of:

- 1) the date Your Spouse remarries;
- 2) the date he or she ceases to qualify as Your Dependent;
- 3) the date which is one year from the date of Your death; or
- 4) the date the Policy terminates.]

[Extended Care Facility Benefit:

If You are Disabled and Confined in an Extended Care Facility and the Confinement was due to an Injury that:

- 1) began within [90-365] days of the date of accident; and
- 2) is reasonably expected to continue without interruption for the rest of Your life;

We will pay an Extended Care Facility Benefit.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of the Policy.

The Extended Care Facility Benefit provides an amount equal to Your Principal Sum multiplied by the Extended Care Facility Benefit Percentage. The total amount payable under this benefit when combined with the Accidental Death and Dismemberment Benefit for the same Injury will not exceed Your Principal Sum.

Payment for this Benefit will begin on the first day of the [7th -13th] month of consecutive Confinement.

Benefits for less than one month will be pro-rated.

We will pay this Benefit until the earliest to occur of:

- 1) the date You cease to be Confined in an Extended Care Facility;
- 2) the date You cease to be Disabled; or
- 3) [24-120] consecutive months of payment.

[However, if You die during a period for which the Benefit is payable and before the Benefit has been paid for the maximum number of months stated above, We will pay the unpaid Benefit for the remaining months in one lump sum to Your Designated Beneficiary.]

We may require You to submit, on a periodic basis, proof of continuous Confinement due to Disability.

Confined or Confinement means being an inpatient in an Extended Care Facility due to Injury.

Extended Care Facility means a place which:

- 1) is licensed by the state in which it is located;
- 2) provides nursing home care on an inpatient basis under the supervision of a Physician;
- 3) has nursing services provided by or under the supervision of a registered nurse (RN), licensed vocational nurse (LVN), or a licensed practical nurse (LPN);
- 4) keeps a daily medical record of each patient; and

- 5) is either a freestanding facility or a ward, wing, or swing bed of a Hospital or other institution.

Disabled or Disability means, as a result of Injury, You are wholly and continuously prevented from:

- 1) performing any work or occupation for wage of profit for which You are reasonably qualified or trained; or
- 2) if not employed, engaging in the normal activities of a person of like age and gender in good health.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Common
Disaster
Benefit:**

If You and Your Spouse die as the result of Injury:

- 1) received in the same accident; [or
- 2) in separate accidents which occur within 24 hours of each other];

and a Principal Sum is payable under the Accidental Death [and Dismemberment] Benefit for each death, the Principal Sum applicable to Your Spouse will be increased to equal the lesser of:

- 1) Your Principal Sum; or

an amount which, when added to Your Principal Sum, equals the Common Disaster Benefit Limit.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of the Policy.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Survivor
Income
Benefit:**

If You [or Your Spouse] sustain an Injury that results in Loss of Life payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Survivor Benefit if Your Dependents are covered.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of the Policy.

The Survivor Income Benefit provides a monthly Benefit equal to a Percentage of the deceased person's Principal Sum for the Payment Period.

The Survivor Income Benefit will be paid:

- 1) to the Beneficiary You designated; or
- 2) if no Beneficiary has been designated:
 - a) to Your surviving Spouse;
 - b) if no surviving Spouse, in equal shares to Your surviving Dependent Children;
 - c) if no surviving Dependents, to Your estate.

If a minor child is entitled to this Benefit, We may, at Our option, make Benefit payments according to the Claims to be Paid provision of the Policy. We will begin payments on the first day of the month next following the date the death claim is paid.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[HIV Occupa-
tional Accident
Benefit:**

If, as a direct result of an Injury as defined in this Benefit You test HIV Positive, We will pay an HIV Occupational Accident Benefit.

In order to receive this Benefit, You must:

- 1) file with Your Employer, within [48-96] hours of the accident, an incident report (notice of exposure), on a form satisfactory to Us, which describes the nature of the exposure to HIV;
- 2) submit such incident report to Us as soon as reasonably possible after the accident;
- 3) not have previously tested positive for HIV, or if You had previously tested positive for HIV, You must have subsequently tested negative to HIV prior to the date of the accident;
- 4) submit to Us, as soon as reasonably possible, proof that You tested negative for HIV in a preliminary screening test, such as an ELISA or other appropriate Food and Drug Administration (FDA) approved test (other than saliva or urine testing) within [48-96] hours of the Injury at an authorized laboratory other than the laboratory of Your Employer; and
- 5) thereafter, test HIV Positive within [26-52] weeks of the date of the Injury reported in item 1) above.

We must receive notification of HIV Positive test results as soon as reasonably possible.

This Benefit will be paid:

- 1) after We receive proof of HIV test results as indicated in this Benefit; and
- 2) according to the General Provisions of the Policy.

We will not pay for any cost incurred for HIV tests or any related testing.

In no event will We provide benefits for HIV, acquired immune deficiency syndrome (AIDS), AIDS-related complex (ARC), or any complications arising there from, except as specifically provided in this Benefit.

Injury, for the purpose of this Benefit, means an accidental:

- 1) cutaneous exposure through abraded skin;
- 2) percutaneous exposure; or
- 3) mucocutaneous exposure;

that occurs while You are covered by this Benefit and Actively at Work.

HIV means human immunodeficiency virus.

HIV Positive means the presence of HIV antibodies in Your blood as substantiated through both a positive screening test enzyme-linked immunosorbent assay (ELISA), and a positive supplement test such as Western Blot. All such tests must be approved by the Food and Drug Administration (FDA) with the interpretation of positive results as specified by the manufacturer(s).

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Dependent
Child
Dismemberment
Benefit:**

If Your covered Dependent Child sustains a Loss, other than Loss of Life under the [Non-Contributory] Accidental Death and Dismemberment Benefit, We will double the Principal Sum amount payable for the Loss.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of the Policy.

We will not pay more than an amount equal to two times the Principal Sum under this Benefit and the Accidental Death and Dismemberment Benefit combined for all Losses which are due to the same injury.]

**[Funeral
Expense
Benefit:**

If You [or Your Dependents] sustain an Injury that results in Loss of life payable under the [Non-Contributory] Accidental Death [and Dismemberment] Benefit, We will pay an additional Funeral Expense Benefit.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of the Policy.

The Funeral Expense Benefit will provide an amount equal to the least of:

- 1) the expense incurred for Customary Funeral Expenses;
- 2) the amount resulting from multiplying the deceased person's amount of Principal Sum by the Funeral Expense Percentage; or
- 3) the Maximum Amount for this Benefit.

Customary Funeral Expenses mean services and materials provided by an undertaker, crematorium or funeral home relative to the burial of the deceased and the costs incurred for the purchase of a cemetery plot, tomb or mausoleum for the burial or interment of the deceased, including plaque, tombstone or monument.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Permanent
Total Disability
Benefit:**

If You [or Your Spouse] are Disabled and the injured person's Disability:

- 1) resulted from Injury received before attainment of the Policy Age Limit;
- 2) began within the Disability Commencement Period after the accident;
- 3) continued without interruption for at least the Qualification Period; and
- 4) is reasonably expected to continue without interruption until death;

This Benefit will be paid:

- 1) after We receive Proof of Loss for the injured person, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of the Policy.

We will pay the the injured person's amount of Weekly Benefit less any amount paid or payable under the Accidental Death and Dismemberment Benefit for each week of Disability].

Payment of the Weekly Benefit will not exceed the Payment Period.

We will pay one-seventh for each day of a partial week of the Total Disability.

Disabled or Total Disability, for the purpose of this Benefit, means Your [or Your Spouse's]:

- 1) inability to perform the material and substantial duties of any occupation which You are suited by education, training and experience;[or
- 2) with respect to a Spouse who is unemployed, his or her inability to engage in the normal and customary activities or a person of like age and gender in good health.

Your unemployed Spouse must be:

- 1) regularly attended by a Physician; however, regular care of a Physician is not required if it can be determined that your Spouse has reached his or her maximum point of recovery; and
- 2) continuously confined within his or her house or Hospital, provided such house or Hospital confinement will not preclude transportation of Your Spouse to or from a Hospital or Physician's office for necessary treatment at the direction of his or her Physician.]

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Catastrophic
Loss of Use
Benefit:**

If You [or Your Dependents] sustain an Injury which results in any of the following Losses within [90-365] days of the date of accident [and before attaining the Policy Age Limit], We will pay the injured person's amount of Principal Sum, or a portion of such Principal Sum, as shown opposite the Loss.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of the Policy.

We will not pay more than the Principal Sum, to any one person, under this Benefit and the Accidental Death and Dismemberment Benefit combined for all Losses due to the same accident.

Your amount of Principal Sum is shown in the Schedule of Insurance. [The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]

<u>For Loss of:</u>	<u>Benefit Amount</u>
Both Hands	[25%-100%] of The Principal Sum
Both Feet	[25%-100%] of The Principal Sum
One Hand and One Foot	[25%-100%] of The Principal Sum
One Hand or One Foot	[25%-100%] of The Principal Sum
Sight of Both Eyes	[25%-100%] of The Principal Sum
Hearing in Both Ears	[25%-100%] of The Principal Sum
Speech	[25%-100%] of The Principal Sum
Movement of Both Upper and Lower Limbs (Quadriplegia)	[25%-100%] of The Principal Sum
Movement of Both Lower Limbs (Paraplegia)	[25%-100%] of The Principal Sum
Movement of Both Upper and Lower Limbs of One Side of Body (Hemiplegia)	[25%-100%] of The Principal Sum

Loss means with regard to:

- 1) hands and feet, total, permanent and irreversible paralysis of hands or feet or actual severance through or above the wrist or ankle joints;
- 2) sight, speech or hearing, entire and irrecoverable loss thereof;
- 3) movement of limbs, complete and irreversible paralysis of such limbs; which have continued without interruption for a period of no less than 12 consecutive months and is determined by a Physician to be permanent, complete and irreversible.

Entire limb means with regard to:

- 1) the arm, the total area from shoulder joint to finger tips;
- 2) the leg, the total area from hip joint to toes.]

**[Traumatic
Brain Injury
Benefit:**

If You [or Your Dependents] sustain an Injury that results in a Traumatic Brain Injury within [60-365] days of the date of accident which:

- 1) requires that the injured person be Hospitalized for at least [7-14] days during the first [60-365] days following the accident; and
- 2) continues for [6-12] consecutive months;

We will pay a Traumatic Brain Injury Benefit.

This Benefit will be paid:

- 1) after We receive Proof of Loss, in accordance with the Proof of Loss provision; and
- 2) according to the General Provisions of the Policy.

The Traumatic Brain Injury Benefit is equal to the injured person's amount of Principal Sum.

[We will not pay this Benefit if a benefit is payable to the injured person for Loss of Life under the Accidental Death [and Dismemberment] Benefit].

Traumatic Brain Injury means physical damage to the brain which is certified by a Physician at the end of [6-12] consecutive months to:

- 1) be permanent, complete and irreversible; and
- 2) prevent the injured person from performing all the substantial and material functions and activities of a person of like age and gender in good health.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Bereavement
Counseling
Benefit:**

If You [or Your Dependents] die and a Benefit is payable for Loss of Life under the Accidental Death [and Dismemberment] Benefit, We will pay the expenses [You or] Your Dependents incur for Bereavement Counseling.

This Benefit will be paid:

- 1) after We receive proof of Bereavement Counseling expenses, satisfactory to Us, within [90-365] days of the date of Your [or Your Dependent's] death; and
- 2) according to the General Provisions of the Policy.

We will pay up to [\$50.00-\$100.00] per visit up to the Maximum Amount for this Benefit per person.

The expenses for Bereavement Counseling must first be incurred within [90-365] days of the date of the death.

Bereavement Counseling means treatment or counseling for the grief reaction resulting from Your [or Your Dependent's] Loss of Life. Counseling must be provided by a licensed therapist, counselor, or psychiatrist who is registered or certified to provide psychological treatment or counseling.

The specific amounts for this Benefit are shown in the Schedule of Insurance.]

**[Accelerated
Benefit:**

In the event that You [or Your Dependent] are Terminally Injured, You may be eligible to receive an Accelerated Benefit. We will pay the applicable Accelerated Benefit amount as shown below, provided the Terminally Injured person:

- 1) is covered under the Policy;
- 2) is under age [60-70]; and
- 3) gives Proof of Loss to Us of such Terminal Injury.

You must request in writing that a portion of the Terminally Injured person's Amount of Accidental Death [and Dismemberment] Insurance be paid as an Accelerated Benefit.

However, if You [or Your Dependents] are incompetent or unable to provide a request for the Accelerated Benefit, Your [or Your Dependents'] legal guardian may submit the request.

The Amount of Accidental Death [and Dismemberment] Insurance payable upon the Terminally Injured person's death will be reduced by any Accelerated Benefit Amount paid under this benefit.

You may request a minimum Accelerated Benefit amount of [\$3,000, and a maximum of \$100,000]. However, in no event will the Accelerated Benefit Amount exceed [30%] of the Terminally Injured person's Amount of Accidental Death [and Dismemberment] Insurance.

[This option may be exercised only once for You and only once for each of Your Dependents].

[For example, if You are covered for an Accidental Death [and Dismemberment] Insurance Benefit Amount under the Policy of \$100,000 and are Terminally Injured, You can request any portion of the Amount of Accidental Death [and Dismemberment] Insurance Benefits from \$3,000 to \$30,000 to be paid now instead of to Your Beneficiary upon death. However, if You decide to request only \$3,000 now, You cannot request the additional \$27,000 in the future].

Any benefits received under this benefit may be taxable. You should consult a personal tax advisor for further information.

[In the event:

- 1) You are required by law to accelerate benefits to meet the claims of creditors; or
- 2) if a government agency required You to apply for benefits to qualify for a government benefit or entitlement;

You will still be required to satisfy all the terms and conditions herein in order to receive an Accelerated Benefit.]

If You have executed an assignment of rights and interest with respect to Your [or Your Dependents'] Amount of Accidental Death [and Dismemberment] Insurance, in order to receive the Accelerated Benefit, We must receive a release from the assignee before any benefits are payable.

Terminal Injury or Terminally Injured means Your [or Your Dependents'] bodily Injury which resulted in the injured person having a life expectancy of [6-12] months or less.

We reserve the right to require satisfactory proof of Terminal Injury on an ongoing basis. Any diagnosis submitted must be provided by a Physician licensed to practice in the United States.

If You [or Your Dependents] do not submit Proof of Loss of Terminal Injury, or if You [or Your Dependents] refuse to be examined by a Physician licensed to practice in the United States, as We may require, then We will not pay an Accelerated Benefit.

If the injured person is diagnosed by a Physician as no longer Terminally Injured and:

- 1) are in an Eligible Class, coverage will remain in force, provided premium is paid;
- 2) are not in an Eligible Class, but You continue to meet the definition of Disabled, coverage will remain in force, subject to the Waiver of Premium provision; or
- 3) are not in an Eligible Class, but You do not continue to meet the definition of Disabled, coverage will end and You may be eligible to exercise the Conversion Right, if You do so within the time limits described in such provision.

In any event, the amount of coverage will be reduced by the Accelerated Benefit paid.]

[Accident Total Disability Benefit:

The Accident Total Disability Benefit amount payable will be the lesser of:

- 1) the Monthly Benefit Amount; or
- 2) [10-100%] of Your [or Your Spouse's] Basic Monthly Pay, minus any benefit for loss of income:
 - a) As a result of the period of Disability for which You [or Your Spouse] is claiming benefits under this plan [and all Policies combined which provide an Accident Total Disability Benefit, issued by Us to the Policyholder]; [and
 - b) pursuant to any temporary or permanent disability benefits under a Workers' Compensation Law, occupational disease law or similar law,

including those for which You [or your Spouse] could collect but did not apply]; [and

- c) pursuant to any plan or arrangement of coverage, [other than income from any accumulated sick time, salary continuation, or paid time off], whether insured or not, [which is received from Your [or Your Spouse's] employer as a result of employment by or association with such employer] [or which is the result of membership in or association with any group, association, union or other organization] for which You [or Your Spouse] are eligible or that are paid to You [or Your Spouse].]

[If the injured person has more than one Covered Accident under this benefit, only one benefit, the largest, will be payable].

The Waiting Period, Maximum Payment Period, and Monthly Benefit Amount are shown in the Schedule of Insurance. The Waiting Period and Maximum Payment Period apply separately to each period of Total Disability.

[Option 1:

Basic Monthly Pay means Your [or Your Spouse's] regular monthly rate of pay, [not counting bonuses, commissions, tips and tokens, overtime pay or any other fringe benefit or extra compensation], in effect on the last day You [or Your Spouse] were Actively at Work before You [or Your Spouse] became Disabled].

[Option 2:

Basic Monthly Pay means the 12 month average of Your regular monthly rate of pay, [not including commissions, bonuses, overtime pay or any other fringe benefit or extra compensation], with such 12 month period ending on the last day of active employment prior to becoming Disabled].

Period of Disability means a continuous length of time during which You [or Your Spouse] are Disabled under the Policy.

Regular Care of a Physician means that the disabled person is being treated by a Physician:

- 1) whose medical training and clinical experience are suitable to treat the disabling condition; and
- 2) whose treatment is:
 - a) consistent with the diagnosis of the disabling condition;
 - b) according to guidelines established by medical, research, and rehabilitative organizations; and
 - c) administered as often as needed;

to achieve the maximum medical improvement and until such time as the maximum point of recovery is obtained.

Successive Periods of Disability:

Periods of Disability:

- 1) due to the same or related medical causes; and
- 2) separated by less than [30-90 days] during which You [or Your Spouse] are Actively at Work;

will be considered one Period of Disability.

Periods of Disability separated by at least [30-90 days] during which You [or Your Spouse] are Actively at work will be considered separate Periods of Disability.

Benefits during any Period of Disability as the result of more than one Injury will be considered the same as if the disability resulted from only one cause.

Totally Disabled or Total Disability, for the purpose of this Benefit, means Your [or Your Spouse's]:

- 1) inability to perform the material and substantial duties of Your [or Your Spouse's] usual occupation [or any occupation for which You [or Your Spouse] is suited by education, training and experience]; [or
- 2) with respect to a Spouse who is unemployed, his or her inability to engage in the normal and customary activities of a person of like age and gender in good health and that he or she be under the Regular Care of a Physician.

Waiting Period means the number of consecutive days at the beginning of a period of Total Disability which must elapse before benefits are payable. The Waiting Period:

- 1) begins on the first day of Your [or Your Spouse's] Total Disability; and
- 2) is satisfied when You [or Your Spouse] have been continuously Totally Disabled for the number of days shown in the Schedule of Insurance.]

**Paralysis
Benefit**

This benefit provides a lump sum benefit payment if, as the result of an Injury, You [or Your Dependent] sustain Paralysis.

Benefits are payable, if the following conditions are met:

- 1) such Paralysis occurs within [180-365] days of the date of the accident;
- 2) the Paralysis continues for [6-12] consecutive months;
- 3) A competent medical authority, acceptable to Us, determines the Paralysis to be permanent, complete and irreversible; and
- 4) You [or Your Dependent] sustain any of the losses described below.

We will pay after the [6th-12th] month of Paralysis, a lump sum benefit amount based on Your [or Your Dependent's] Principal Sum, equal to the percent of Principal Sum listed below.

[Uniplegia	[25%-100%] of Principal Sum]
[Hemiplegia	[25%-100%] of Principal Sum]
[Paraplegia	[25%-100%] of Principal Sum]
[Triplegia	[25%-100%] of Principal Sum]
[Quadriplegia	[25%-100%] of Principal Sum]

Your amount of Principal Sum is shown in the Schedule of Insurance. [The amount of Your Dependents' Principal Sum is shown as a percentage of Your Principal Sum in the Schedule of Insurance.]

[If benefits become payable under the Paralysis Benefit and the Total Loss of Use provision for loss resulting from any one Accident, the largest, will be paid under the applicable benefit provision.]

Unless specifically stated otherwise, the total amount of benefits payable under the Paralysis Benefit, in addition to any other benefits payable under the Policy, cannot exceed the Principal Sum. The most We will pay under the Policy for all losses resulting from any one accident is the covered person's Principal Sum.

[Hemiplegia means the total Paralysis of the upper and lower limbs of the same side of the body.]

Paralysis means the permanent impairment and loss of the ability to voluntarily move or to have sensation in an entire extremity. Paralysis must be the result of an Injury to the brain or spinal cord and without the severance of a limb.

[Paraplegia means the total Paralysis of both lower limbs.]

[Quadriplegia means the total Paralysis of both upper and lower limbs.]

[Triplegia means the total Paralysis of three limbs.]

[Uniplegia means the total Paralysis of one limb.]

SECTION 6: EXCLUSIONS

[Explanation of Variables Note: Language concerning Dependents will be included if Dependent coverage is included, otherwise omitted.]

- Exclusions:** The Policy does not cover any Loss caused or contributed by:
- 1) sickness or treatment of a sickness, as described in the definition of Injury;
 - 2) intentionally self-inflicted Injury;
 - 3) suicide or attempted suicide, whether sane or insane;
 - 4) war or act of war, whether declared or not;
 - 5) Injury sustained while on active duty as a member of the armed forces (land, water, air) of any country or international authority except Reserve National Guard Service;
(We will refund the pro rata portion of any premium paid for You [or Your Dependents] while You [or Your Dependents] are in the armed forces on active duty. Written notice must be given to Us within 12 months of the date You [or Your Dependents] enter the armed forces.);
 - 6) Injury sustained while on any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;
 - 7) Injury sustained while on any aircraft:
 - a) as a pilot, crewmember or student pilot;
 - b) as a flight instructor or examiner;
 - c) if it is owned, operated or leased by or on behalf of the Policyholder;
 - d) being used for tests, experimental purposes, stunt flying, racing or endurance tests;
 - 8) Injury sustained while taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a Physician;
 - 9) Injury sustained while riding or driving in a scheduled race or testing any Motor Vehicle on tracks, speedways or proving grounds;
 - 10) Injury sustained while committing or attempting to commit a felony;
 - 11) Injury sustained while Intoxicated; or
 - 12) Injury sustained while driving while Intoxicated.

Intoxicated means:

- 1) the blood alcohol content;
 - 2) the results of other means of testing blood alcohol level; or
 - 3) the results of other means of testing other substances
- that meet or exceed the legal presumption of intoxication, or under the influence, under the law of the state where the accident occurred.

Reserve National Guard Service means: You [or Your Dependents] are :

- 1) attending or en route to or from any active duty training of less than sixty (60) days;
- 2) attending or en route to or from a service school of any duration;
- 3) taking part in any authorized inactive duty training; or
- 4) taking part as a unit member in a parade or exhibition authorized by official orders.

SECTION 7: GENERAL PROVISIONS

[Explanation of Variables Note: Each bracketed provision will be in-or-out (in if needed, otherwise omitted.) Each bracketed phrase will be in-or-out. Language concerning Dependents will be included if Dependent coverage is included, otherwise omitted. Bracketed numeric ranges shown are the actual ranges to be used.]

Notice of Claim: You, or the person who has the right to claim benefits, must give Us, or Our authorized representative, written notice of a claim within 30 days after:

- 1) the date of death; or
- 2) the date of loss.

If notice cannot be given within that time, it must be given as soon as reasonably possible after that. Such notice must include the claimant's name, address and the Policy Number.

Claim Forms: Within 15 days of receiving a Notice of Claim, We or Our authorized representative will send forms to the claimant to provide Proof of Loss. If We do not send the forms within 15 days, any other written proof which fully describes the nature and extent of the claim may be submitted.

Proof of Loss: Depending on the nature of the Loss, Proof of Loss may include, but is not limited to, the following:

- 1) a completed claim form;
- 2) a certified copy of the death certificate (if applicable);
- 3) any medical records and information We request that is reasonably required by Us to adjudicate the claim.

Sending Proof of Loss: Written Proof of Loss must be sent within 180 days after the loss. All Proof of Loss should be sent to Us or Our authorized representative.

If Proof is not given by the time it is due, it will not affect the claim if:

- 1) it was not possible to give Proof within the required time; and
- 2) Proof is given as soon as possible; but
- 3) not later than 1 year after it is due unless You, or the person who has the right to claim benefits, are not legally competent.

Physical Examination and Autopsy: While a claim is pending, We have the right at Our expense:

- 1) to have the person who has a loss examined by a Physician when and as often as We reasonably require; and
- 2) to have an autopsy performed in case of death where it is not forbidden by law.

Claim Payment: If benefits are payable, We will pay the benefits in accordance with the Claims to be Paid provision immediately after such Proof of Loss is received.

Claims to Be Paid: Benefits for Loss of Life will be paid in accordance with the Beneficiary Designation.

If no Beneficiary is named, or if no Beneficiary survives You, We may, at Our option, pay:

- 1) Your estate; or
- 2) all to Your surviving Spouse; or
- 3) if Your Spouse does not survive You, in equal shares to Your surviving Child(ren); or
- 4) if no Child(ren) survive(s) You, in equal shares to Your surviving Parents.

[In addition, We may, at Our option, pay a portion of Your Accidental Death Benefit up to [\$500-\$1,000] to any person equitably entitled to payment because of expenses from

Your burial. Payment to any person, as shown above, will release Us from liability for the amount paid.]

[If any Beneficiary is a minor, We may pay his or her share, until a legal guardian is appointed, to a person who at Our option and in Our opinion is providing financial support and maintenance for the minor. We will pay:

- 1) [\$200-\$1,000] at Your death; and
- 2) monthly installments of no more than [\$200-\$1,000].

Payment to any person as shown above will release Us from all further liability for the amount paid].

[We will pay the Accidental Death [and Dismemberment] Insurance Benefit at Your Dependent's death to You, if living. Otherwise, it will be paid, at Our option, to Your surviving Spouse or the executors or administrators of Your estate].

[We will make any payments, other than for Loss of Life, to You. We may make any such payments owed at Your death to Your estate. If any payment is owed to:

- 1) Your estate;
- 2) a person who is a minor; or
- 3) a person who is not legally competent,

then We may pay up to [\$500-\$1,000] to a person who is related to You and who, at Our sole discretion, is entitled to it. Any such payment shall fulfill Our responsibility for the amount paid].

Beneficiary Designation:

You may designate or change a Beneficiary by doing so in writing on a form satisfactory to Us [and filing the form with the Policyholder. Only satisfactory forms sent to the Policyholder prior to Your death will be accepted].

Beneficiary designations will become effective as of the date You signed and dated the form, even if You have since died. We will not be liable for any amounts paid before receiving notice of a Beneficiary change.

Claim Denial:

If a claim for benefits is wholly or partly denied, You or Your Beneficiary will be furnished with written notification of the decision.

This written decision will:

- 1) give the specific reason(s) for the denial;
- 2) make specific reference to provisions on which the denial is based;
- 3) provide a description of any additional information necessary to perfect a claim and an explanation of why it is necessary; and
- 4) provide an explanation of the review procedure.

[Assignment:

[[Except for the dismemberment benefits under the Accidental Death and Dismemberment Benefit,] You have the right to absolutely assign all of Your rights and interests under the Policy including, but not limited to, the following:

- 1) the right to make any contributions required to keep the insurance in force;
- 2) the right of converting; and
- 3) the right to name and change a Beneficiary.

We will recognize any absolute assignment made by You under the Policy, provided:

- 1) it is duly executed; and
- 2) a copy is acknowledged and on file with Us.

We and the Policyholder assume no responsibility:

- 1) for the validity or effect of any assignment; or
- 2) to provide any assignee with notices which We may be obligated to provide to

You.

You do not have the right to collaterally assign Your rights and interests under the Policy.]

Legal Actions: Legal action cannot be taken against Us:
1) sooner than 60 days of the date written Proof of Loss is furnished; or
2) 3 years of the date Proof of Loss is required to be furnished according to the terms of the Policy.

Workers' Compensation: The Policy does not replace Workers' Compensation or affect any requirement for Workers' Compensation coverage.

Misstatements: In the absence of fraud, if material facts about You [or Your Dependents] were not stated accurately:
1) the premium may be adjusted; and
2) the true facts will be used to determine if, and for what amount, coverage should have been in force.
No statement made by You relating to Your insurability will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during Your lifetime. In order to be used, the statement must be in writing, signed by You and a copy of such statement must be provided to You or Your beneficiary or representative.

[logo] Starr Indemnity & Liability Company

Dallas, Texas

Administrative Office: [90 Park Avenue, 7th Floor, New York, NY 10016]

MASTER APPLICATION

Application is made by [ABC Policyholder] (the Policyholder)
for Group Accident-Only Insurance as shown on the attached Schedule of Insurance.

All statements made by the Policyholder in this Application will be deemed representations and not warranties.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

The terms of the Policy are hereby approved and accepted by the named Policyholder. The Policy will take effect on the Effective Date specified on the Policy.

Date

Date

Authorized Signature

[Licensed Resident] Agent's Signature

Officer's Name

[Licensed Resident] Agent's Name

Title

[Licensed Resident Agent ID#]

[/logo] Starr Indemnity & Liability Company

Dallas, Texas

Administrative Office: [90 Park Avenue, 7th Floor, New York, NY 10016]

ADMINISTRATIVE CHANGE RIDER

This Rider is attached to and made a part of Policy Number [12345] issued to [ABC Policyholder] (the Policyholder).

Effective [12/01/09], the Policy and Certificate are hereby amended as follows:

[To be used for administrative changes only, such as renewing the Policy, updating the premiums, etc.]

Signed for the Company:



[Richard N. Shaak], President



[Honora M. Keane], General Counsel

ENROLLMENT FORM FOR
GROUP ACCIDENT-ONLY INSURANCE TO

[logo] Starr Indemnity & Liability Company

Dallas, Texas

Administrative Office: [90 Park Avenue, 7th Floor, New York, New York 10016]

1. Primary Insured's Information

Name (Last, First, MI)	Date of Birth	Social Security No.	Age	Sex
Street Address: (Street, City, State, Zip Code)				
Billing Address: (Street, City, State, Zip Code)				
Email Address	Home Phone No.	Work Phone No.		

2. [Dependent Information – Complete the following for each dependent to be insured:

Name (Last/First/Middle)	Relationship	Sex	Age	Date of Birth	Social Security No.

3. [Beneficiary Information – Complete the following for Accidental Death [& Dismemberment] Benefit:

Primary Beneficiary:	Relationship:
Contingent Beneficiary:	Relationship:

APPLICANT'S STATEMENT

By signing below, I and the individuals named herein are eligible for insurance and understand that coverage will not begin until the Effective Date shown in the Certificate.

By signing below, I AUTHORIZE [Company Name/Administrator's Name] TO COLLECT ANY AND ALL PREMIUMS DUE FOR THIS COVERAGE.

Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant

Date

[logo] Starr Indemnity & Liability Company

Dallas, Texas

Administrative Office: [90 Park Avenue, 7th Floor, New York, NY 10016]

WAR RISK COVERAGE RIDER

This Rider is attached to and made a part of Policy Number [12345] issued to [ABC Policyholder] (the Policyholder).

Effective [12/01/09], the Policy and Certificate are hereby amended as follows:

In consideration of payment of any additional required premium, War Risk Coverage is added to The Policy.

The EXCLUSION for loss resulting from “war or act of war, whether declared or not” is deleted in its entirety and is replaced with the following:

The Policy [will only] [will not] cover loss resulting from war or act of war, whether declared or not, occurring within the geographical limits, the territorial waters or the airspace above:

- 1) [list countries]; [or
- 2) any country in which You [or Your Dependents] are employed temporarily for [3-12] months or longer].

The Policyholder is required to give Us the following data:

- 1) Your [and Your Dependents'] name(s);
- 2) business trip(s) and/or temporary employment assignment(s) to countries outside the United States or Canada;
- 3) class and benefit amount(s); and
- 4) date(s) and duration of stay.

Upon receipt of the requested data, We will calculate the premium. The Policyholder is required to promptly pay Us any additional premium.

If warlike conditions develop or increase in any country worldwide, We reserve the right to exclude any country from War Risk Coverage or charge an additional premium subject to the Policyholder providing Us with the requested exposure data.

Any change will not be effective until the [11th-61st] day following the date We send notice to the Policyholder.

Cancellation: The Policyholder may cancel this War Risk Coverage at any time by sending written notice to Us. Cancellation will become effective on the later of the date of receipt or the date requested. We may cancel this coverage at any time by sending written notice to the Policyholder at least [10-60] days prior to the effective date of cancellation.

In all other respects, the Policy and Certificate remain the same.

Signed for the Company:



[Richard N. Shaak], President



[Honora M. Keane], General Counsel

[logo] Starr Indemnity & Liability Company

Dallas, Texas

Administrative Office: [90 Park Avenue, 7th Floor, New York, NY 10016]

ARKANSAS ENDORSEMENT

This Endorsement is attached to and made a part of Policy Number [12345] issued to [ABC Policyholder] (the Policyholder).

Effective [12/01/09], the Policy and Certificate are hereby amended as follows:

[SECTION 2: DEFINITIONS

If Dependent coverage is available, the last paragraph of the Definition of Dependent Child(ren) is replaced with the following:

The Limiting Age shall not apply to Your unmarried child who is incapable of self-support due to a mental or physical incapacity. We will require notice of the child's incapacity and dependency. In no event, however, will this requirement preclude eligible Dependents regardless of age. If dependency or incapacity is removed or terminated You must notify Us.]

[SECTION 3: ELIGIBILITY AND ENROLLMENT

If Dependent coverage is available, the paragraphs regarding Newborn/New Child Coverage in the Change in Family Status provision are replaced with the following:

A Child born to You or Your insured Dependent Spouse is automatically insured as a Dependent Child. The effective date of insurance for the Child will be the moment of birth. Coverage will be to the same extent as is provided for other covered Dependent Children.

In the event additional premium is required for such Child then the insurance will terminate 90 days from the date of birth unless written request to continue insurance is made to Us and the premium is paid within 90 days from the date of birth or before the next premium due date, whichever is later.

In the case of minor children under Your charge, care and control for whom You have filed a petition to adopt, coverage will be effective:

1. From the date of birth if the petition for adoption is filed and a request for coverage is made within 60 days of the date of birth; or
2. On the date of the filing of the petition for adoption if a request for coverage is made within 60 days of the date of filing.

Coverage will be to the same extent as for other covered Dependent Children. Any additional premium required for such Child must be paid at the time application is made.]

SECTION 7: GENERAL PROVISIONS

The Claim Payment provision is replaced with the following:

1. We shall pay or deny a Clean Claim within 30 days after We receive it if the claim was submitted electronically, or within 45 days after receipt if the claim was submitted by other means.

2. We shall notify the claimant within 30 days after receipt of the claim if We determine that more information is needed to resolve one or more issues. Our notice shall give an explanation of the additional information that is required. We may suspend the claim until We receive the requested information. We shall reopen and pay or deny a previously suspended claim within 30 days after We receive all the information We requested.
3. If We fail to pay or deny a Clean Claim in accordance with item 1. above or give notice in accordance with item 2. above, We shall pay a penalty to the claimant for the period beginning on the sixty-first day after receipt of the Clean Claim and ending on the Clean Claim payment date (the delinquent payment period), calculated as follows: the amount of the Clean Claim payment times 12% per annum times the number of days in the delinquent payment period, divided by 365. Such payment shall be paid without any action by the claimant.
4. If We fail to pay or deny a claim in accordance with item 2. above which is not already subject to the penalty for the claim imposed by item 3. above, We shall pay a penalty to the claimant for the period beginning on the forty-sixth day after the last item of information requested was received and ending on the claim payment date (the delinquent payment period), calculated as follows: the amount of the claim payment times 12% per annum times the number of days in the delinquent payment period, divided by 365. Such payment shall be paid without any action by the claimant.

“Clean Claim” means a claim for payment that is submitted on a HCFA 1500, on a UB92, in a format required by HIPAA, or on Our standard claim form with all required fields completed in accordance with Our published claim filing requirements. A Clean Claim shall not include a claim: (1) for payment of expenses incurred during a period of time for which premiums are delinquent; or (2) for which We need additional information in order to resolve one or more issues.

The following Sections are added:

SECTION 8: CONSUMER INFORMATION NOTICE

The Insurance Company may be contacted at its Administrative Office:

Starr Indemnity & Liability Company
[90 Park Avenue, 7th Floor
New York, NY 10016
1-800-123-4567]

The Insurance Agent may be contacted at:

[Joseph Agent
123 Main Street
Anytown, AR 12345
1-800-234-5678]

The State Insurance Department may be contacted at:

Arkansas Insurance Department
[1200 West Third Street
Little Rock, AR 72201-1904
1-800-282-9134]

SECTION 9: GUARANTY ASSOCIATION NOTICE

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

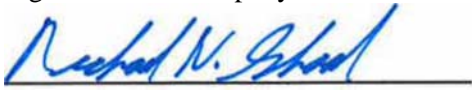
- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution;
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which benefits could be provided out of the assets of the impaired or insolvent insurer.

In all other respects, the Policy and Certificate remain the same.

Signed for the Company:



[Richard N. Shaak], President



[Honora M. Keane], General Counsel

<i>SERFF Tracking Number:</i>	<i>PLIS-126027253</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Starr Indemnity & Liability Company</i>	<i>State Tracking Number:</i>	<i>41504</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>group AD&D</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	PLIS-126027253	State:	Arkansas
Filing Company:	Starr Indemnity & Liability Company	State Tracking Number:	41504
Company Tracking Number:			
TOI:	H02G Group Health - Accident Only	Sub-TOI:	H02G.000 Health - Accident Only
Product Name:	group AD&D		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied -Name:	Flesch Certification	Review Status:	Approved-Closed	02/12/2009
Comments:				
Attachment:	readability-AR.pdf			

Bypassed -Name:	Application	Review Status:	Approved-Closed	02/12/2009
Bypass Reason:	Master Application and Enrollment Form are both new forms and are attached to the Form Schedule.			
Comments:				

Satisfied -Name:	Cover Letter	Review Status:	Approved-Closed	02/12/2009
Comments:				
Attachment:	cover letter-AR 2-9-09.pdf			

Satisfied -Name:	List of Forms	Review Status:	Approved-Closed	02/12/2009
Comments:				
Attachment:	list of forms-AR.pdf			

Satisfied -Name:	Expl. of Variables	Review Status:	Approved-Closed	02/12/2009
Comments:				
Attachment:	explanation of variables.pdf			

Satisfied -Name:	Authorization	Review Status:	Approved-Closed	02/12/2009
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<i>SERFF Tracking Number:</i>	<i>PLIS-126027253</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Starr Indemnity & Liability Company</i>	<i>State Tracking Number:</i>	<i>41504</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>group AD&D</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Comments:

Attachment:

Starr authorization.pdf

Starr Indemnity & Liability Company
Group Accident-Only Insurance
Policy Form AH-40001 et al.

READABILITY CERTIFICATION

The above captioned policy forms have been Flesch scored. The following items were deleted before the scoring was done:

- (1) the name and address of the insurer;
- (2) the name, number and title of the policy;
- (3) the table of contents;
- (4) captions and subcaptions;
- (5) specification pages, schedules and tables; and
- (6) words that are defined in the policy forms.

The Flesch score attained was 46.2 and therefore exceeds the minimum Readability score.

A handwritten signature in black ink, appearing to read "J. M. Plisky". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

John M. Plisky
Consultant

February 9, 2009

617 UNION AVENUE, BLDG. 1-2 ♦ BRIELLE, NJ 08730 ♦ PHONE: (732) 223-0770 ♦ FAX: (732) 223-1776

February 9, 2009

Arkansas Insurance Department
Life and Health Division
1200 West Third Street
Little Rock, AR 72201-1904

Re: Star Indemnity & Liability Company
 NAIC#: 38318 FEIN: 75-1670124
 H02G Group Health – Accident Only
 Policy Form AH-40001 et al.

Dear Commissioner:

New Submission. This is a new submission. These policy forms provide Accidental Death and Dismemberment (AD&D) and related ancillary benefits to the following group policyholders: employers, professional trade organizations, labor unions, or other bona fide associations existing for at least two years and formed for purposes other than insurance.

These policy forms are new and do not replace any of the Company's forms currently on file with your office. Marketing will be through licensed agents and brokers.

State-Specific Endorsement. In order to accurately administer this business nationwide, provisions needed to meet your state's requirements are included on the enclosed state-specific endorsement that will be attached to all policies and certificates in your state.

Variable Material. Variable material is shown in brackets. An *Explanation of Variable Material* has been included which explains how material in brackets is to be utilized.

Flesch Test. A *Readability Certification* is attached indicating that these forms meet your state's minimum requirements.

Filing Authority. This filing is being made by Plisky Plisky & Co. LLC on behalf of the Company. A letter of filing authorization is attached.

Sincerely,

A handwritten signature in black ink, appearing to read "J. M. Plisky". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

John M. Plisky
Consultant

Starr Indemnity & Liability Company
Group Accident-Only Insurance
Policy Form AH-40001 et al.

LIST OF FORMS

Policy	AH-40001
Certificate	AH-40001C
Master Application	AH-40003-AR
Administrative Change Rider	AH-40004
Enrollment Form	AH-40007-AR
War Risk Coverage Rider	AH-40014
Arkansas Endorsement	AH-40010-AR

Starr Indemnity & Liability Company
Group Accident-Only Insurance
Policy Form AH-40001 et al.

EXPLANATION OF VARIABLE MATERIAL

This is a supplement to the submission and provides an explanation as to the use of variable material. Variable material is signified by brackets throughout the forms and allows them to be tailored to the actual plan selected by the policyholder.

Besides self-explanatory items such as the policyholder's name, effective date, anniversary dates, etc., there are two types of variable material.

Type A: This is bracketed policy language. These items will be *in-or-out*, which means they will appear as submitted or will be entirely omitted.

Decisions on whether a Type A variable is *in-or-out* will depend on the characteristics of the plan selected by the policyholder.

Type B: These are bracketed numeric items. These are items such as benefit amounts, benefit periods, etc.

The actual numeric range to be used is contained within the brackets.

Decisions as to which numeric values are selected will depend on the characteristics of the plan selected by the policyholder and will never be less than the any minimum amount required by law.

Additional notes on variability are included at the beginning of each section of the Certificate.

STARR INDEMNITY & LIABILITY COMPANY
90 PARK AVENUE
NEW YORK, NEW YORK 10016
(646) 227 - 6300

January 28, 2009

NAIC Company Code: 38318

Re: See Attached Forms Listing

Please accept this letter as authorization from Starr Indemnity & Liability Company (the "Company") for John M. Plisky and John C. Plisky, FSA of Plisky Plisky & Co. LLC of Brielle, New Jersey to file any or all policy forms and rate filings as referenced on the attached form listing on behalf of the Company.

Sincerely,



Honora M. Keane
General Counsel